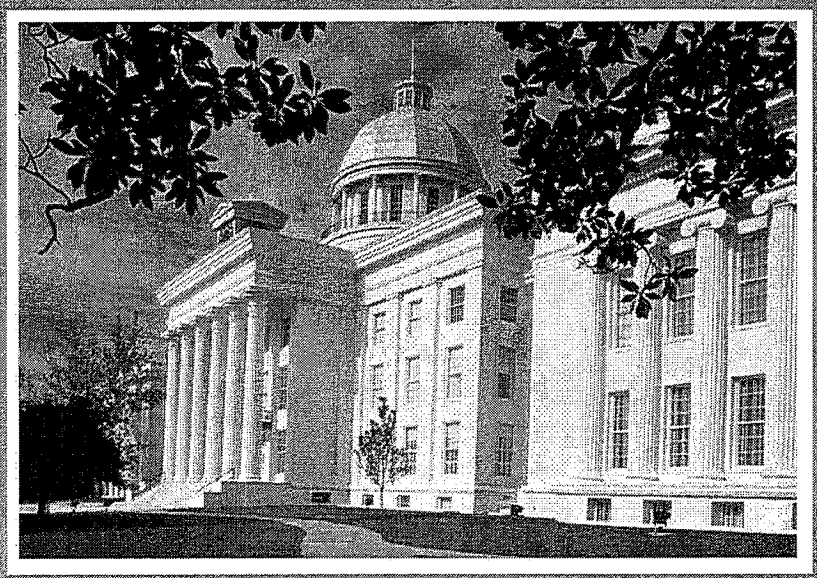
ALABAMA DEPARTMENT OF SENIOR SERVICES

STATE PLAN ON AGING

FISCAL YEARS 2007 - 2010

Bob Riley, Governor
State of Alabama

Irene Collins, Executive Director
Alabama Department of Senior Services



PREPARED BY THE
ALABAMA DEPARTMENT OF SENIOR SERVICES

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VERIFICATION OF INTENT

The State Plan on Aging is hereby developed and submitted for the State of Alabama for the period October 1, 2006 through September 30, 2010. It includes all assurances and plans to be conducted by the Alabama Department of Senior Services under provisions of the Older Americans Act, as Amended, during the period identified. The Alabama Department of Senior Services has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all State activities related to the purposes of the Act, i.e., the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly in Alabama.

This Plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary on Aging.

The State Plan on Aging hereby submitted has been developed in accordance with all Federal statutory and regulatory requirements.

July 13, 2006
Date

(Signed) Irene B. Collins

Irene B. Collins, Executive Director
Alabama Department of Senior Services

I hereby approve this State Plan on Aging and submit it to the Assistant Secretary on Aging for approval.

7/21/06
Date

(Signed)

Bob Riley, Governor
State of Alabama

ALABAMA DEPARTMENT OF SENIOR SERVICES

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MISSION STATEMENT

The mission of the Alabama Department of Senior Services is to promote the independence and dignity of those we serve through a comprehensive and coordinated system of quality services.

VISION STATEMENT

Our vision is to help society and state government prepare for the changing aging demographics through effective leadership, advocacy, and stewardship.

INTRODUCTION

The continuing growth in the population of older Alabamians affects everyone in the state. All of us age. Our parents and family members age. One day we are senior citizens, responsible for or taking care of aged parents, family members, and ourselves. Consider the following:

- *Approximately 17.3 percent of Alabama's population is age 60 or over.*
- *In the year 2000, there were over 263,050 persons age 75 years and over in Alabama.*
- *According to year 2000 census data, there are more than 897 persons age 100 years and over in Alabama.*
- *The fastest growing group of older persons is those over 85 years of age.*

The State Plan on Aging is separated into the following major sections:

Section I includes descriptive information on the State of Alabama, its older citizens, the Alabama Department of Senior Services, and Alabama's Aging Network.

Section II presents the most recently available quantitative data on the current state of Alabama's older citizens with respect to several areas of life, including:

--Health	--Education	--Housing
--Income	--Employment	--Mobility

Section III discusses implications of this information in terms of the needs for services to seniors within various service groupings:

--Advocacy	--In-Home Services	--Housing
--System Access	--Long-Term Care	--Education
--Community-Based Services	--Elder Rights	--Prescription Drug Assistance

Section IV describes the Alabama Department of Senior Services' programs and services.

Section V lists the results of strategic planning, goals, and objectives of the Alabama Department of Senior Services. It is this part of the Plan toward which the Alabama Department of Senior Services will direct its energies in Fiscal Years 2007 through 2010, working with the 13 Area Agencies on Aging.

Section VI describes the agency's efforts to support Alabama's Aging Network.

Section VII describes the allocation of funds and the Intrastate Funding Formula.

Section VIII contains the Assurances, as required by the Older Americans Act.

The **Appendices** contain the analysis of greatest need; preference for greatest economic or social need; methods used to satisfy the service needs of low-income minority older Alabamians; methods of meeting service needs of rural Alabamians; methods of implementing activities for Native Americans in the state; Area Agency on Aging supportive services minimum spending requirements; and other general information.

SECTION I

PROFILE OF ALABAMA AND THE ALABAMA DEPARTMENT OF SENIOR SERVICES

THE STATE OF ALABAMA

Alabama's 67 counties contain an area of 50,744 square miles and are home to more than 4.4 million citizens. There are eleven urban areas large enough to be designated Metropolitan Statistical Areas (MSAs)*. The population per square mile ranges from 14.8 in Wilcox County to 595 in Jefferson County, according to the 2000 U.S. Census. The least populous county is Greene County with 9,974 persons, and the most populous county is Jefferson County with 662,047 persons. Approximately 69 percent of Alabama's population resides in the MSA counties. Between the 1990 census and 2000 census, the population of 28 Alabama counties decreased due to migration to MSAs.

The state's geographic boundaries roughly form a rectangle that ranges from the Tennessee border and the natural resources of the Tennessee Valley in the north to the Gulf of Mexico and the Florida Panhandle in the south. From the eastern border joining Georgia, Alabama extends westward for about 200 miles to Mississippi. The elevation also varies dramatically from Cheaha Mountain, rising 2,407 feet above sea level, to the Alabama Gulf coast. Industrialized urban areas are scattered liberally over the state and separated by rolling hills, rich agricultural enterprises, large timber tracts, and inland lakes.

The state's industries are also varied, from the space-oriented NASA-related research and development industries focused around Redstone Arsenal at Huntsville to a flourishing seafood industry on the coast. There is a major international port of call in Mobile. A major source of income in the state is agriculture, including crop production, poultry, and livestock. Other industrial operations produce iron and steel, automobile and industrial tires, textiles, and an impressive array of wood products. Recently added to the Alabama industrial scene are major foreign-based automobile plants and supply companies necessary for completion.

Most Alabamians are native to this state. Seventy-three percent of its citizens were born in Alabama. Migration into Alabama is a comparatively recent phenomenon. The uprooting and relocation of young people in the armed forces and members of the wartime workforce probably resulted in the largest number of non-Alabamians finding their way onto Alabama's census roles. Approximately 64,000 non-English speaking persons reside in Alabama.

* A Metropolitan Statistical Area is currently defined as a geographic area that must include at least one city with 50,000 or more inhabitants, or a Census Bureau-defined urbanized area (of at least 50,000 inhabitants) and a total metropolitan population of at least 100,000.

GOVERNMENT OF ALABAMA

The Governor of Alabama is elected by a popular vote for a four-year term. The Governor may serve one additional consecutive term. In the unfortunate event of an incumbent Governor's death, inability to serve, resignation, or prolonged absence as provided by law, the Lieutenant Governor succeeds the Governor.

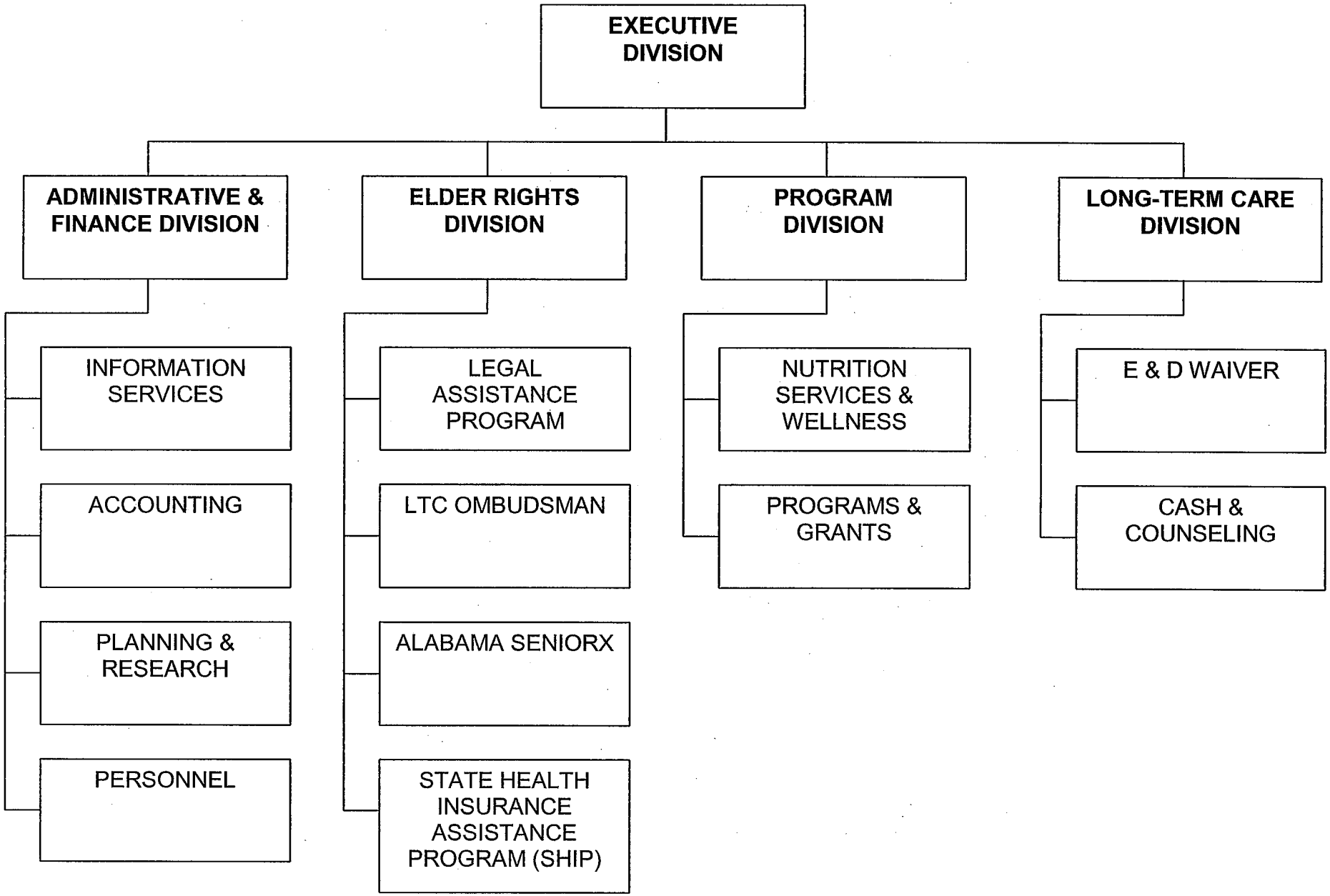
Most major department heads are appointed by the Governor. Those receiving appointments by the Governor serve at his pleasure, usually concurrently with the tenure of the appointing Governor. Department heads appointed by the Governor usually have Governor's Cabinet or sub-Cabinet status. Some of the appointments also carry an ex-officio status with other departments or units of state government. Also, some interagency initiatives are implemented by taskforces that may be established and convened by a Governor to address particular concerns, inquiries, or objectives. Because appointed department heads are directly responsible to the Governor, continuity of executive policy is reasonably assured within an administration.

The Legislature of the State of Alabama is a bicameral body consisting of a House of Representatives and a State Senate. The main function of the Legislature is to determine the public policy of the State of Alabama and to enact measures appropriate to assure the desired achievements of the Alabama government when carried out by the Executive Branch. The State General Fund and Education Budgets are the largest fiscal considerations of the Legislature; however, other appropriations for special purposes, including supplemental appropriations to address newly emerging concerns or priorities, will often assume a position of significant importance.

ALABAMA DEPARTMENT OF SENIOR SERVICES

As a freestanding department in state government, the Alabama Department of Senior Services (ADSS) serves as the "State Unit on Aging." ADSS has been designated to administer the provisions of the Older Americans Act of 1965, as amended. The Governor appoints the Executive Director who is the chief employee of the Department and serves at the Governor's pleasure. The Executive Director of the Alabama Department of Senior Services has Cabinet-level status.

ADSS ORGANIZATIONAL CHART



The Executive Director appoints other staff members, as needed, in accordance with the provisions of the Alabama State Merit System Law. The Department has approximately 40 employees. As a planning, development, and advocacy agency for the aging, the employees include program specialists, administrators, attorneys, information technology specialists, accountants, auditors, nurses, nutritionists, etc., as well as clerical support personnel.

ADSS is headed by a Board that functions in accordance with the requirements of Section 38-3-2 of the Code of Alabama, 1975. This Board is composed of two members of the State Senate appointed by the President of the Senate, two members of the House of Representatives appointed by the Speaker of the House of Representatives, and nine members who are appointed by the Governor. Of these nine, one must be a representative of business; one, a representative of labor; one, a representative of the medical profession; three, representatives of senior citizen organizations; and three, responsible citizens of the state. Of the "three responsible citizens," no two may be of the same religious faith. The Alabama State Health Officer, the Director of the Alabama Department of Labor, and the Commissioner of the Alabama Department of Human Resources are *ex officio* members of the Board.

Legislation that created ADSS in 1957 (then known as the Committee on the Aging of the State of Alabama) vested the Board with duties including the collecting of facts and statistics relating to older persons; making special studies of conditions and problems pertaining to employment, health, financial status, recreation, social adjustment, and other conditions affecting the welfare of older citizens; and being the focal point for advocacy for older persons with the responsibility for coordinating the services of all agencies in this state serving seniors.

Since 1970, ADSS has participated in programs supported by the Older Americans Act of 1965, as amended. This legislation provides a variety of community and social services for older persons. These include nutrition and supportive services such as transportation, information and referral, outreach, legal assistance, in-home supportive services, senior employment opportunities, prevention of elder abuse, and long-term care ombudsman services.

Although the Older Americans Act prohibits a means test, services are required to be targeted toward those individuals in greatest social and economic need with an emphasis on rural, low-income, minority, and low-income minority seniors. Services provided under the Older Americans Act are not administered as "entitlement" programs. That is, meeting eligibility requirements is not necessarily sufficient to be assured of receiving services. Older Americans Act funding, which is a specific appropriation, can limit the number of clients who may be served in a given time period. The agencies in the Alabama Aging Network then serve in a developmental capacity to employ other resources to satisfy the needs of older persons.

ADSS also administers grants and programs funded through state appropriations, the Centers for Medicare and Medicaid Services, U.S. Department of Labor, and the Robert Wood Johnson Foundation.

THE ALABAMA AGING NETWORK

The Alabama Aging Network is a statewide system of thirteen planning and service areas (PSAs) for aging. These range from a one-county PSA to two PSAs comprised of ten counties each. The single-county area, served by the Jefferson County Office of Senior Citizens Services, has the largest number of senior citizens of any Alabama PSA. Approximately 15 percent of all older Alabamians reside in that one county. An organization within each PSA has been designated as the Area Agency on Aging (AAA) for the region. Ten of the organizations designated as AAAs are "umbrella" agencies. Typically, they are quasi-governmental agencies formed by multi-jurisdictional agreements for mutual planning purposes. Three other agencies, which were formed by multi-jurisdictional agreements for the purposes of developing and administering the area plans on aging, are also designated as AAAs. For a complete list of the AAAs, see Appendix G.

Other segments of the Aging Network, in addition to the various public agencies providing services, include academic and vocational training personnel, health care professionals and paraprofessionals, private sector housing developers, medical and assistance product suppliers, benevolent organizations with an interest in older persons, the religious community, and philanthropic organizations.

SECTION II

STATE OF AGING IN ALABAMA

STATE DEMOGRAPHICS

The oldest members of the baby boom generation began turning 60 years old in 2006. As this new wave of seniors passes this birthday milestone and potentially makes decisions regarding employment, retirement, health care, and long-term care, they will help to dramatically increase the older population, both in size and in its proportion of the total population. They will also aid in shaping future aging policy and the services available in their communities.

The Alabama Department of Senior Services (ADSS) continues to analyze Census 2000 information and projections to obtain a clearer picture of the state's rapidly growing older population. By sharing this information, especially county-level demographics, with the 13 Area Agencies on Aging (AAAs), we continue to work together to both identify and understand the current older population while we plan for the seniors of tomorrow. Using Census 2000 actuals and 2005 interim population projections from the U.S. Census Bureau, Table II-1 below portrays Alabama's older persons by age group. While population projections are interesting to review, they hide the tremendous diversity of older Alabamians, including their service expectations from the aging network.

Table II-1

Alabama's Age 60+ Population by Age Group							
	Actuals	Population Projections					
Age Group	2000	2005	2010	2015	2020	2025	2030
60-69	358,050	392,539	471,928	547,561	596,487	613,263	577,796
70-79	266,888	265,269	272,123	302,742	368,192	429,095	470,761
80+	144,942	161,808	176,039	185,720	199,307	225,666	275,432
60+	769,880	819,616	920,090	1,036,023	1,163,986	1,268,024	1,323,989
Total State Population	4,447,100	4,527,166	4,596,330	4,663,111	4,728,915	4,800,092	4,874,243

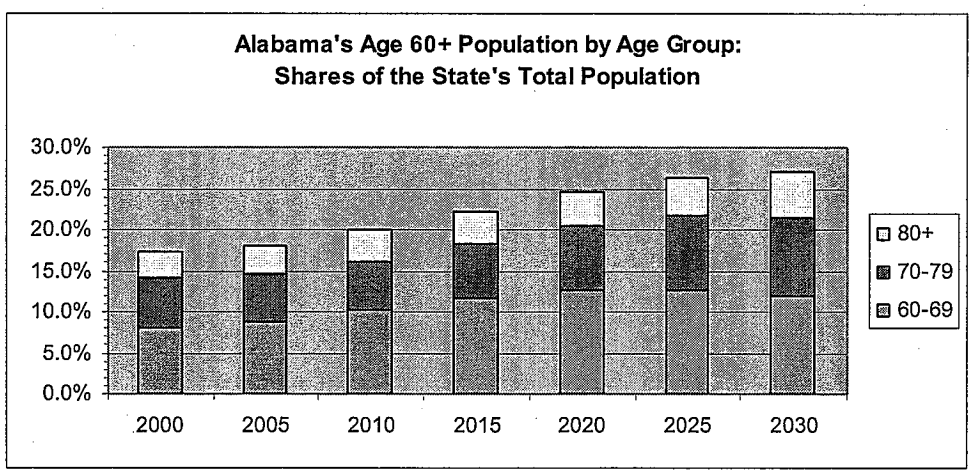
Table II-2 identifies each age group's share of the state's total population; Figure II-1 portrays this information in chart format. As shown in Table II-2, the aging of the baby boom generation will ripple through each successive age group during the next 24 years and beyond. For example, in the year 2000, Alabama's age 60 and older population comprised 17 percent of the state's total population; by the year 2030, this number is expected to increase to 27 percent.

Table II-2

Alabama's Age 60+ Population: Percentages of State's Total Population							
	Actuals	Population Projections					
	2000	2005	2010	2015	2020	2025	2030
Age 60-69	8.1	8.7	10.3	11.7	12.6	12.8	11.9
Age 70-79	6.0	5.9	5.9	6.5	7.8	8.9	9.7
Age 80+	3.3	3.6	3.8	4.0	4.2	4.7	5.7
Age 60+	17.3	18.1	20.0	22.2	24.6	26.4	27.2

In Figure II-1 below, the total height of each column represents Alabama's age 60 and older population and its actual/projected share of the state's total population until year 2030. The components of each column portray each age group's respective share of the state's total population for that year. ADSS often conducts similar analyses for each AAA, especially by county, to identify those regions anticipating the most (or the least) growth of the older population. Appendices H and I contain additional demographic information by AAA and for Alabama as a whole.

Figure II-1



OLDER CITIZENS OF ALABAMA

Alabamians who are considered senior citizens today, assuming age 60 as the threshold, were born prior to 1947. Some were sufficiently mature to have an awareness of the deprivation and difficulties related to the Great Depression that affected most of America during the 1930s. Some, at that time, were young adults beginning business and vocational careers, starting families, and assuming total responsibility for themselves and their immediate families. A significant portion is men and women who saw military service during World War II or the

Korean conflict. Those who saw military service in Viet Nam are now senior citizens; some seniors also saw action in the Gulf War.

Most of the age 60 and older population reared their families and established their careers, vocations, and their permanent place of residence during the period following World War II and the Korean conflict of the early 1950's. This generation's rate of childbearing resulted in the baby boom generation, which is beginning to reach retirement age. In 2006, the oldest of the "Baby Boomers" will turn 60 years old.

Table II-3

U.S. Census: Alabama, Age 60+ by Race and Gender (2000)	
Race/Gender	**Number**
White Male	261,092
White Female	354,611
Black Male	55,281
Black Female	89,532
American Indian/ Aleut/ Eskimo Male	860
American Indian/Aleut/ Eskimo Female	962
Asian/Pacific Islander Male	924
Asian/Pacific Islander Female	1,435
Other Race Male	336
Other Race Female	255
Two or More Races Male	1,915
Two or More Races Female	2,677
TOTAL, Age 60+	**769,880**

For the information in Table II-3, the Census Bureau determined race by asking respondents to self-identify their race. The population is divided into the following five groups on the basis of race: White; Black; American Indian; Eskimo or Aleut; Asian or Pacific Islander, and Other races.

CARE AND ASSISTANCE FOR OLDER ALABAMIANS

A variety of services are available to address special needs of older people and to supplement their existing ability to remain relatively independent and self-determining. Assistance provided may range from something as basic as information on obtaining a particular service to investigating and arranging for guardianship for a loved one.

Organizations involved in service to the older population run the gamut of human service agencies. They employ an impressive array of public and private efforts to meet the needs of older persons. Government is usually involved at all levels. Every major city in Alabama has a senior center affiliated with an AAA. It frequently accommodates a broad array of other service providers as part of an organized service complex. Senior centers are focal points at which community services are made available to older persons.

Corporate involvement is an increasing component of aging services in Alabama. In addition to providing direct services for a profit, corporate Alabama is increasingly involved in elder assistance.

HEALTH STATUS OF OLDER ALABAMIANS

Based on information from the Alabama Department of Public Health (ADPH), the health status of many adults in Alabama is being compromised by lifestyle choices. Smoking, lack of physical activity, and excessive caloric consumption are all very prevalent among adults in Alabama.

- Eighty percent of Alabama adults do not get regular physical activity. Despite the tremendous benefits of regular physical activity in decreasing the risk for many diseases and enhancing bone health, mental clarity, and stress reduction, most Alabamians are sedentary.

- Obesity and overweight are chronic conditions and are a result of energy imbalance over a long period of time. When people are overweight or obese, they are more likely to develop health problems such as hypertension, Type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, and some cancers. Alabama is currently in an overweight and obesity epidemic situation regarding the health of its citizens. In 2003, Alabama ranked first in adult obesity with 28 percent of adults in the obese category; 63 percent of Alabama adults are overweight and/or obese. According to the 2001 Alabama Behavioral Risk Factor Surveillance Survey, between 1991 and 2001, obesity rates increased 76 percent. For Alabamians age 65 years and older, 58 percent are overweight and/or obese.

- According to the Centers for Disease Control and Prevention (CDC), cigarette smoking is the leading cause of preventable disease and death in the United States. It is also costly to our nation. The economic costs of smoking in the U.S. each year from 1995 to 1999 were $157.7 billion. Adults who smoke lose an average of 13 to 14 years of their lives.

In 2002, nearly 20 percent of the deaths in Alabama were caused by tobacco usage. From 1990 to 1998, the incidence of smoking among Alabamians increased from 22 percent to 25 percent while national smoking rates remained relatively stable at 23 percent.

Each of these modifiable lifestyle behaviors has been linked to multiple chronic health conditions that frequently impact both quality and quantity of life for the individual. In addition, the dollars expended on health care and the dollars lost from decreased productivity are costly from an economic perspective for both the individual and society. As the number of people living with chronic health conditions continues to rise and the state's population continues to age, the health and economic burdens for the state will escalate. Even more alarming are new projections that life expectancy will fall in coming years.

- It is estimated that within 50 years, obesity will shorten the average life span of 77.6 years by at least two to five years; this is more than the impact of cancer or heart disease.

- As of 2002, Alabama leads all 50 states in the rate of diabetes. Almost 1 in 10 adults in the state report having been diagnosed with the disease. National studies have indicated that the prevalence of diabetes increases with age; diabetes is often diagnosed between the ages of 45 and 65. In 2001, the prevalence of diabetes in Alabama was 13 percent for persons age 45-64 and 22 percent for individuals ages 65 years and over. The prevalence of diabetes among blacks is more than twice the prevalence for whites. In 2001, for Alabama's age 55 and over population, the prevalence of diabetes was 17 percent for whites and 35 percent for blacks. Diabetes directly contributes to the incidence of heart disease and stroke, is among the leading causes of death in the state, and is the leading cause of kidney failure, nontrauma-related limb amputations, and adult onset blindness.

- In Alabama, heart disease has been the leading cause of death for more than 70 years. In 2002, major cardiovascular diseases (CVD), which include heart disease and stroke, accounted for almost 40 percent of all deaths in Alabama. More Alabamians die each year from CVD than from all forms of cancer combined. Disability and death from CVD are related to a number of modifiable risk factors, including high blood pressure, high blood cholesterol, smoking, lack of regular physical activity, diabetes, and being overweight. While CVD affect persons of all ages in Alabama, death from CVD is most common in older persons; however, CVD is not just a disease of old age. More than 80 percent of premature deaths occurred in persons age 45-64 years. Nearly twice as many women, both black and white, died of heart disease in 1998 as died of cancer.

- In 2005, cancer was the second leading cause of death in Alabama, following heart disease. Prostate, breast, and lung cancers are the most frequently diagnosed cancers in Alabama. Scientific evidence suggests 33 percent of cancer deaths could be prevented through lifestyle changes such as eliminating tobacco use, improving dietary habits, exercising regularly, maintaining a healthy weight, avoiding exposure to ultraviolet light, obtaining cancer screening for early detection, and seeking timely and appropriate treatment. In addition to loss of lives, cancer exacts a great economic toll on Alabamians. Some of the costs associated with cancer care can be attributed to lack of health insurance and barriers that prevent Alabamians from accessing cancer prevention and early

detection services. While cancer incidence rates are lower among minorities, their mortality rates are higher. Lack of access to early detection and low quality heath care are major contributors to this disparity.

- High blood pressure (hypertension) is linked to heart attacks, congestive heart failure, stroke, and kidney disease. Because the consequences associated with high blood pressure are so serious, early detection, treatment, and control are important. High blood pressure is easily detectable and usually controlled with lifestyle modifications such as increasing physical activity or reducing dietary salt intake, with or without medications. About 1 in 3 American adults have high blood pressure. In 2002, Alabama ranked third in terms of adult hypertension.

- Forty-three million Americans report having doctor-diagnosed arthritis or other rheumatic conditions. Arthritis is the leading cause of disability in the United States, limiting the activities of more than 16 million adults. Physical activity has been shown to reduce pain and improve function and mental health among people with arthritis; however, adults with arthritis are significantly less likely to engage in recommended levels of moderate or vigorous physical activity. Approximately 34 percent of Alabama's adult population has been diagnosed with arthritis. More than 62 percent of Alabamians age 65 years and over have been diagnosed with arthritis. In Alabama, a greater prevalence of arthritis exists in groups with lower educational status. Due to the state's high level of obesity and lack of leisure time physical activity, Alabama's arthritis problem is magnified.

- Osteoporosis is a prevalent, silent, and devastating disease. Projections indicate that as many as one-half of all adults in this country over age 50 will eventually be at risk for fractures due to osteoporosis or low bone mass. One of the most devastating consequences of osteoporosis is hip fracture; 20 percent of persons who experience a hip fracture will go to a nursing home within a year. Other osteoporosis-related fractures also impose their own burden of illness, disability, and premature death. Osteoporosis is a preventable disease and its incidence may be reduced by adequate daily calcium intake and regular physical activity, especially if they are begun early in life.

By adapting healthier lifestyles, Alabamians could reduce much of the burden associated with these chronic health conditions. The Alabama Department of Senior Services (ADSS) is partnering with other state and local agencies to promote programs and activities that foster health and wellness across the lifespan.

Older individuals require more health care per capita than any other group in Alabama. Moreover, persons age 85 years and older present special challenges for the public health community. Frequently these individuals need special care and attention due to many self-care limitations. State expenditures in Medicaid, the needs-based medical assistance program for eligible persons with very limited income and resources (i.e., including those age 65 and older), give an indication of the health care usage in Alabama. Most payments are made on behalf of recipients in the aged or disabled categories, females, whites, and persons age 65 years and older.

Based on information from the Alabama Medicaid Agency, Table II-4 illustrates the Fiscal Year 2005 Medicaid costs for health care per eligible person for different age groups.

Table II-4

Medicaid Costs per Eligible Person for Selected Age Groups in Alabama (2005)	
Age Group	**Annual Cost per Eligible Person**
0 – 5	$ 1,542
6 – 20	$ 2,326
21 – 64	$ 3,387
65 and over	$ 8,444

This information may be alternately displayed by first comparing each age group as a percent of total eligible persons and then comparing each age group's Medicaid payments as a percent of the total Fiscal Year 2005 Medicaid payments. As shown in Table II-5 below, although persons age 65 and over comprise only 13 percent of the Medicaid eligible population, they received 32 percent of the Medicaid payments in Fiscal Year 2005.

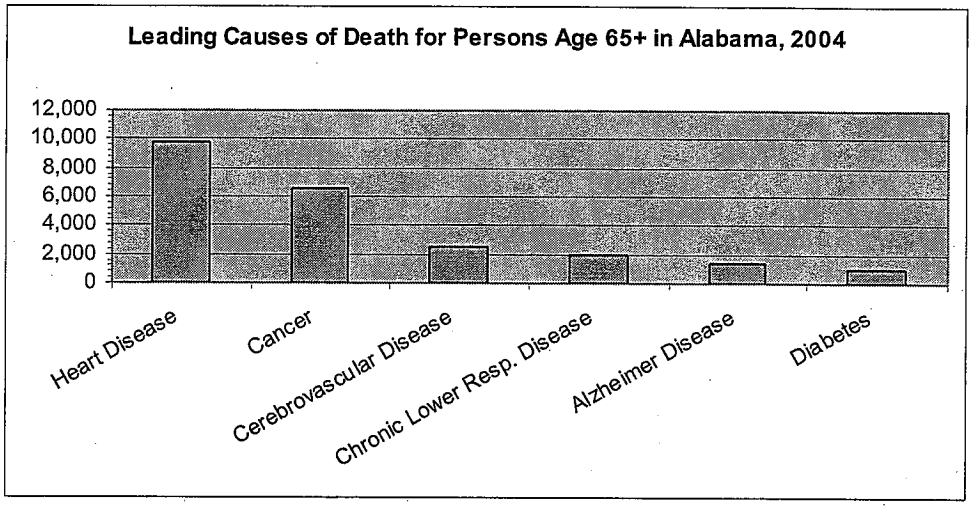
Table II-5

Percent Distribution of Medicaid Eligibles and Payments for Selected Age Groups in Alabama (2005)		
Age Group	**Percent of Eligibles**	**Percent of Payments**
0 – 5	21.6	10.1
6 – 20	31.7	22.5
21 – 64	34.2	35.2
65 and over	12.5	32.2

Another important indicator of the health status of older Alabamians is the usage of long-term care services. This type of care has a high unit cost per unit of service; recipients of long-term care have a high frequency-of-service rate. In Fiscal Year 2005, the average Medicaid payment for one day of long-term care was $98; recipients used this service for an average of 290 days. Most recipients of long-term care are white females who are either aged or disabled and are age 65 and over.

According to ADPH, 70 percent of those who die in Alabama each year are age 65 or older; over 51 percent of those who die in Alabama each year are age 75 or older. The major health risks for the older population include heart disease, cancer, cerebrovascular disease, chronic lower respiratory disease, Alzheimer disease, and diabetes. Figure II-2 ranks the leading causes of death among Alabama's older population.

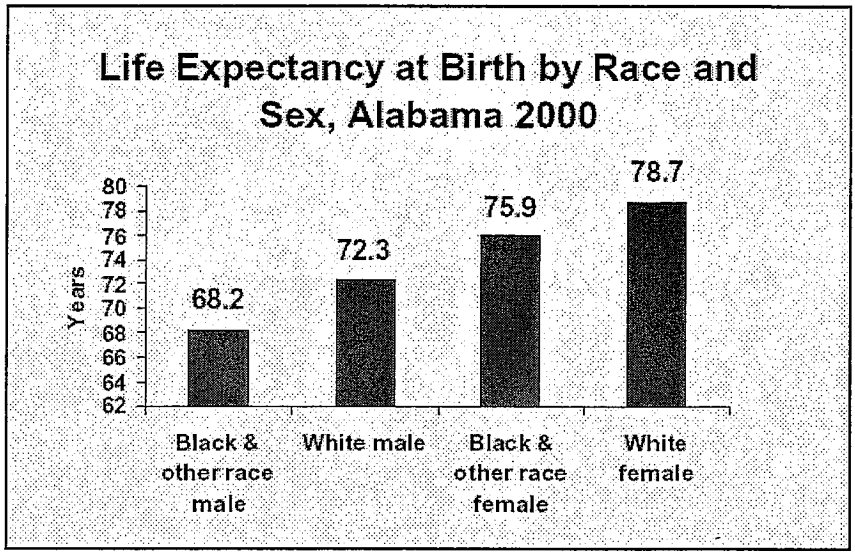
Figure II-2



Other leading causes of death in the older population are kidney disease, accidents, septicemia, hypertension, and liver disease. Suicide is a significant cause of death, with 25 percent of all suicides occurring in the older population. Within the older population, white males and black females each have a suicide rate higher than 27 percent.

The CDC reports a continuing national upward trend in life expectancy, although the most dramatic increases occurred in the early part of the 20th century. The 2003 life expectancy was 78 years for white and 72.7 years for black Americans. According to the CDC, the health of the nation continues to improve due to advances in public health; unfortunately, increased longevity is accompanied by increased prevalence of chronic conditions and their associated pain and disability. Figure II-3 below shows life expectancy for Alabama citizens by race and gender (Source: Alabama Department of Public Health).

Figure II-3



Priorities for addressing the health care needs of older Alabamians begin with the development of outreach strategies to identify older persons who are most at risk. Then, coordinated medical and social interventions provide an increased likelihood of sustaining or improving independence and general well-being while older persons remain functional members of their communities.

Because access to excellent health care is unevenly distributed in the United States, rural residents often face barriers to high quality care. Compared with their urban counterparts, residents of rural areas report fair or poor health, more often have chronic conditions such as diabetes, and die from heart disease. Despite greater need for health care, rural residents have fewer visits to health care providers and are less likely to receive recommended preventive services. Although 20 percent of Americans live in rural areas, only 9 percent of the nation's physicians practice there. Also, rural residents face longer distances to reach hospital or other health care services, especially dental or medical specialty care.

While the need for rural health care becomes increasingly important, specialized medical procedures and medical specialties are concentrated in urban areas. In the rural areas of the state, financial, geographical, and cultural barriers to health care are more pronounced. ADPH provides home health care through visiting nurses. The Alabama Medicaid Agency, through ADSS and ADPH, provides home care under a Sec. 1915(c) Waiver for those individuals who are eligible for nursing home care. Limited resources are made available for in-home services under Medicare.

In 2004, Governor Riley signed an Executive Order to create the Black Belt Action Commission (BBAC) that will propose and implement solutions to improve the quality of life in Alabama's Black Belt. The Black Belt is a band of 12 largely rural counties stretching across the south-central part of the state and has long been characterized by high rates of poverty, illiteracy, illegitimacy, and economic stagnation. The BBAC will develop and implement plans of action

to improve economic conditions in the Black Belt and work through subcommittees dealing with manufacturing, health care, education, skill training, and infrastructure needs.

To help address the health care needs of Alabama's rural older persons and medically underserved populations, ADPH has established the Alabama Office of Rural Health (AORH). The AORH facilitates and supports activities that improve access to primary medical care throughout the state and promotes the health of rural residents, with special concern for medically underserved populations. The AORH also monitors the availability of grant opportunities to improve health services for underserved and rural areas of the state.

The University of Alabama at Birmingham (UAB) provides another system to address the health care needs of Alabama's older population. The UAB Center for Aging is an interdisciplinary community that promotes the health and well-being of older persons by conducting and promoting age-related research, training students and faculty to conduct research, disseminating new knowledge, and supporting community outreach and clinical programs.

The Center for Mental Health and Aging (CMHA) at the University of Alabama at Tuscaloosa serves older persons by developing new knowledge, testing new interventions, and disseminating information related to mental health and aging. Through applied interdisciplinary research, CMHA promotes improved quality of life for older adults. In 2004, ADSS received an Alzheimer's Disease Demonstration Grant to States (ADDGS) award to improve direct services available to family caregivers by incorporating REACH-like evidence-based, in-home social and behavioral interventions to increase caregiver knowledge, skills, and well-being. CMHA was included to provide training and consultation for case managers in each of the AAAs participating in the project.

INCOME STATUS OF OLDER ALABAMIANS

The mean annual income for noninstitutionalized Alabamians age 60 years and over is $25,078 according to 2000 U.S. Census data. It is estimated that 14.6 percent of Alabamians age 60 years and over exist below the poverty level; the national average percentage of persons age 60 years and older existing below the poverty level is about 9.9. For persons age 65 years and over, the 2000 poverty threshold for a one-person household was $8,259 according to the U.S. Census Bureau. In this section, poverty thresholds were applied on a national basis and were not adjusted for regional, state, or local variations in the cost of living. Table II-6 shows the number of older persons in Alabama living below the federal poverty level, if their poverty status was available.

According to national statistics from the Social Security Administration, the oldest age group has the highest poverty rates. As with income, the large portion of non-married women in the older age groups contributes to the difference on poverty rates by age. Non-married women are more likely than married persons to be poor or near poor in every age group.

National statistics from the Social Security Administration also indicate that in 1962, social security income, private and government employee pensions, income from assets, and

earnings made up only 84 percent of total income of the aged, compared to 97 percent in 1999. Old-Age, Survivors, and Disability Insurance program paid benefits to 90 percent of persons aged 65 or older. It was the major source of income (providing at least 50 percent of total income) for 64 percent of aged beneficiaries (couples or single persons), and it was the only source of income for 20 percent of them.

Table II-6

Below Poverty Older Alabamians (2000)		
Age	**Number of Persons**	**Percent**
60 years and over	112,210	15.1
65 years and over	86,275	15.5
75 years and over	45,440	19.0
85 years and over	12,875	23.5

The information presented above is an indication of income, which reflects changing life situations until a virtual economic floor is reached. That this increase in the percentage of poverty corresponds to increasing age is obviously dependent, in part, on the continual reduction of older persons in wage earning positions. This information may also be an indication of loss of income due to catastrophic losses, such as the death of a spouse.

Figure II-4 depicts the number of persons ages 60 years and over, in annual income categories. Although this chart identifies the wide variance in older persons' incomes, it highlights two interesting facts. First of all, there is approximately the same number of older persons with incomes of $5,000-$9,999 as there are with incomes over $24,999. Secondly, there are nearly as many older persons with incomes under $15,000 as there are with incomes $15,000 and over. This information, without corresponding information about the size of the household, the availability of other incomes in the household, or the availability of income supplements, does not draw for the reader a clear conclusion that any given situation is an indicator of economic disability. The geographic locations of individuals within the different income categories contribute to the sufficiency of the income. In addition, the existence of debilitating illness without adequate health insurance changes the effectiveness of the older person's income.

Figure II-4

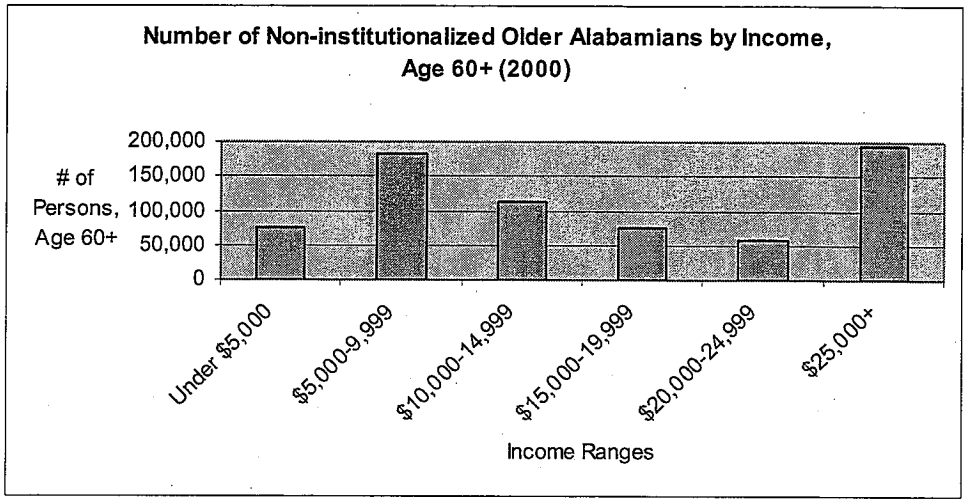
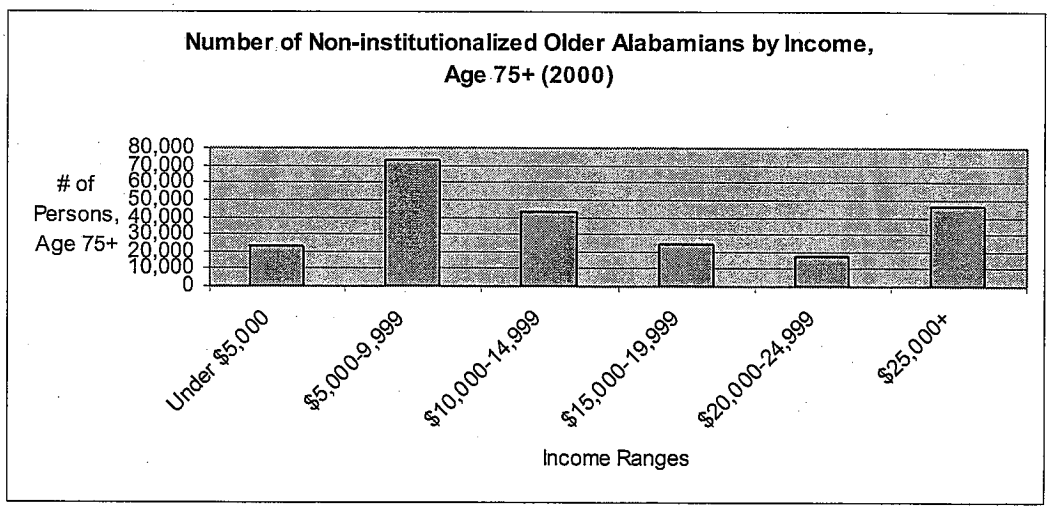


Figure II-5 shows income ranges for Alabamians who are 75 years of age and older. In comparing incomes of the 60+ population with the 75+ population, it is possible to observe the near parallel trends in the numerical distribution of persons in each income range. In Alabama, the number of people ages 75 years and older is less than half of the age 60+ population. This proportion is reflected in the number of persons age 75+ in each income range, except for "$25,000+." This chart also indicates over 60 percent of persons ages 75 years and older have annual incomes less than $15,000.

Figure II-5



EDUCATIONAL STATUS OF OLDER ALABAMIANS

The effect of education on incomes of older Alabamians is easily understood. A previous study by ADSS indicated that, to an extent, income attainment rises sharply with increased education. An older person's escape from the effects of income deprivation appears more dependent upon having at least a high school education than upon any lesser level of education. There appears, then, to be a "satisfaction chain" which starts with education, produces income, and results in older persons who enter retirement years with significantly greater economic resources.

Among persons 60 years of age and older, Alabama generally has a slightly lower level of educational attainment than the nation as a whole. The 2000 Census data shows that for people ages 60 years and over in the United States, 68 percent are high school graduates and 16.6 percent have received at least a bachelor's degree. For Alabama's older population, 58 percent of persons age 60 and older are high school graduates compared to 46 percent of those age 75 years and older. Thirteen percent of Alabamians age 60 years and older have received at least a bachelor's degree compared to 10 percent of those age 75 years and older.

Figure II-6 shows the number of older persons in Alabama age 60 and older by highest level of school completed or highest degree received. Figure II-7 shows the number of Alabamians age 75 years and older by highest level of school completed or highest degree received.

Figure II-6

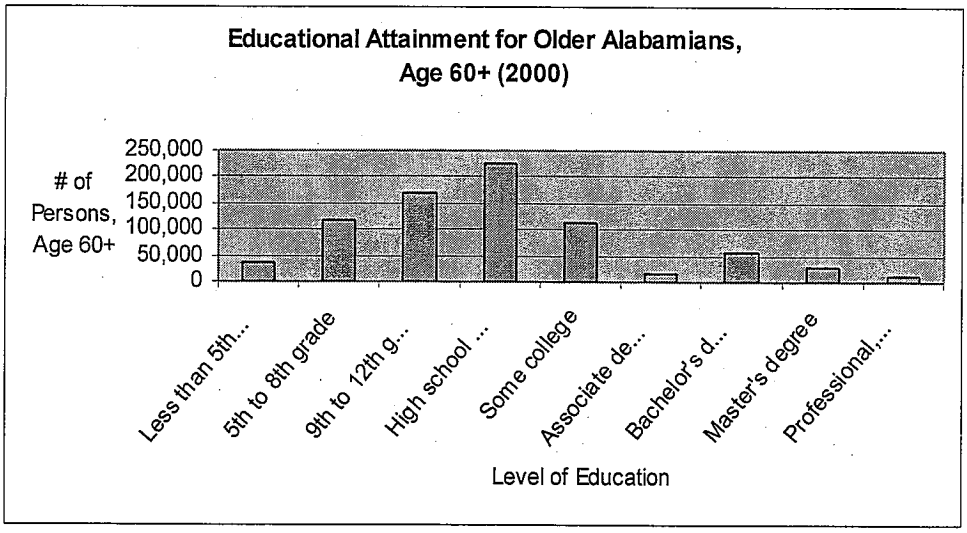
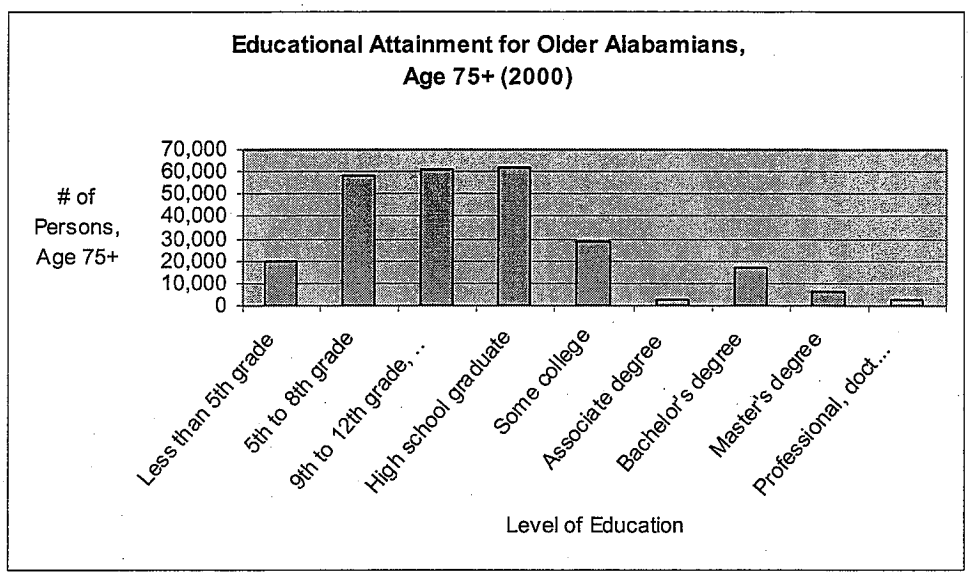


Figure II-7



There are a number of resources available to provide education for older adults in Alabama. The State and County Boards of Education provide Adult Basic Education programs which have been successful. No cost adult education classes provide a second opportunity for adult learners committed to improving their academic and life skills. In addition, over fifty post-secondary institutions and other institutions of higher education are available across the state, making it possible for almost everyone to have easy access to opportunities to learn. Persons age 60 or older who meet admission requirements are eligible for a free tuition program if they attend public 2-year institutions in Alabama.

In 1996, ADSS, in cooperation with the Alabama Department of Education and several other State human service agencies and boards, addressed the problem of functional literacy among adults and older adults through the State Literacy Development Council. Some of the issues revealed through this initiative reflected the innate desire of all people to possess functional literacy. Functional illiteracy is embarrassing, even to the most successful persons. Older persons who are functionally illiterate have generally ensconced themselves within a personal support network of family and close friends that enable them to function without having to reveal their limitations. Any actions that tend to disturb the security of that network may be considered a threat to each member of the network.

The work of the State Literacy Development Council also revealed that there are some barriers to improving the educational status of adults and older persons. The major barriers are transportation to educational programs and child care due to the fact that many older adults are caregivers for grandchildren and other youngsters.

ADSS partnered with the Alabama College System in Fiscal Year 2006 to assist citizens in enrolling in Medicare Prescription Drug Plans. Employees and volunteers from ADSS and local AAAs staffed computer labs on scheduled days at community and technical schools

throughout Alabama to help seniors make an informed decision and choose the best plan for them. The colleges also provided technical support and other services during the Medicare Part D enrollment period. Because Medicare enrollment required high-speed internet access, in many areas the community college was the only available public resource to provide this capability.

Funding to support widespread educational programs for older Alabamians, if not available from the Legislature, could be sought from other public and private organizations. Materials and supplies could again, as before, be donated. Time of volunteer teachers could once more be developed to provide the necessary learning experiences.

EMPLOYMENT STATUS OF OLDER ALABAMIANS

Many projections indicate that Alabama will be substantially impacted by the "graying" of its population over the coming decade. In fact, its aging rate will outpace developments in most other states and the nation as a whole. The pool of persons ages 55 and older will grow by 26 percent over the next ten years, compared to only a 4 percent growth rate for the 16-54 age group. Persons age 55 and older will account for 75 percent of the projected increase in the nation's working-age population in the next decade, a historically unprecedented development. Alabama will be a part of this dramatic shift in the workforce.

What does this mean to the employment situation for older workers in Alabama? It means tremendous opportunity for seniors who want to stay in the workforce, or reenter it after having retired. Many leading national corporations like Home Depot and CVS have discovered the value of the older worker, and have developed programs to keep older workers on staff, or hire them back as consultants. Companies that choose to ignore this "age wave" will struggle to keep their workforce intact in the very near future. Even with Alabama's unemployment rate hovering below 4 percent in 2006, jobs will be there for older workers who want to work, due in part to the decrease in the number of young people entering the workforce.

These demographic and labor force changes in Alabama over the next decade will pose a number of important challenges for the state's private and public sector employees and the workforce development system as a whole. Over the next ten years, most employers will have to substantially increase the number of older workers on their payrolls and restructure their hiring practices to accommodate greater numbers of older workers.

The Alabama Department of Senior Services will work to improve the employability of our seniors and to extend the work lives of older Alabamians, especially the economically disadvantaged.

From 1990 to 2000, the unemployment rate for Alabamians age 60 and older improved slightly, dropping from 4.3 percent to 4.2 percent. Interestingly, the number of older persons in Alabama's labor force increased by 15 percent between 1990 and 2000 (i.e., 126,175 to 145, 290 persons). Table II-7 contains this employment status information.

Table II-7

Alabama's Age 55+ Population: Analysis of Employment Status				
	Census 1990		Census 2000	
	Age 55-59	Age 60+	Age 55-59	Age 60+
In labor force:				
Employed	107,562	120,753	132,275	139,240
Unemployed	4,347	5,422	4,190	6,050
In labor force:				
Employed	96.1%	95.7%	96.9%	95.8%
Unemployed	3.9%	4.3%	3.1%	4.2%

As increasing numbers of older persons decide whether or not to remain in or return to the workforce, it will be interesting to track labor force participation rates of various subgroups of Alabama's older population. Based on Census 2000 results for employed Alabamians, there were nearly as many persons age 55-59 as there were ages 60-74. Table II-8 contains employment information for various subgroups of Alabama's age 55 and older population.

Table II-8

Alabama's Age 55+ Population: Analysis of Labor Force Participation						
	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-84	Age 85+
In labor force	136,465	76,980	35,480	18,785	12,125	1,920
Not in labor force	88,395	113,440	133,920	131,885	181,800	64,115
In labor force	60.7%	40.4%	20.9%	12.5%	6.3%	2.9%
Not in labor force	39.3%	59.6%	79.1%	87.5%	93.7%	97.1%

Closely related to labor force participation is the poverty status of older Alabamians. As identified in Table II-9, the percentage of employed, below poverty older persons decreased from 1990 to 2000 (i.e., 6.2 percent to 3.8 percent). Unfortunately, 21 percent of unemployed older Alabamians are impoverished.

Table II-9

Alabama's Age 60+ Population: Analysis of Labor Force Participation and Poverty Status		
	Census 1990 (percents)	Census 2000 (percents)
Employed:		
Below Poverty	6.2	3.8
Above Poverty	93.8	96.2
Unemployed:		
Below Poverty	23.0	20.8
Above Poverty	77.0	79.2
Not in Labor Force:		
Below Poverty	25.2	17.6
Above Poverty	74.8	82.4

HOUSING STATUS OF OLDER ALABAMIANS

Older Alabamians live in single-family dwellings as a general rule. According to 2000 Census Bureau information and the University of Alabama Data Center, there are 1,737,080 households in Alabama. There are 536,851 households (31 percent) in Alabama with one or more people age 60 years and above. Approximately 26 percent of the state's older population lives alone (202,156 individuals age 60 years and over).

According to the 1994 Comprehensive Housing Affordability Strategy (CHAS) developed by the Alabama Housing Finance Authority, 82 percent of Alabamians age 65 years and over own their homes. Row houses, duplexes, etc., were the next most common housing option for the persons just entering the senior adult category. Apartment buildings generally were the third most common option. The remaining housing options are too sparse to be statistically significant.

Although the majority of older Alabamians own their homes, this is not an indication of prosperity or income security. The CHAS documents that 51 percent of the very lowest-income owner-occupied households in Alabama include a person over the age of 65 years. Among renters, 66 percent of the very lowest-income households include a person over age 65.

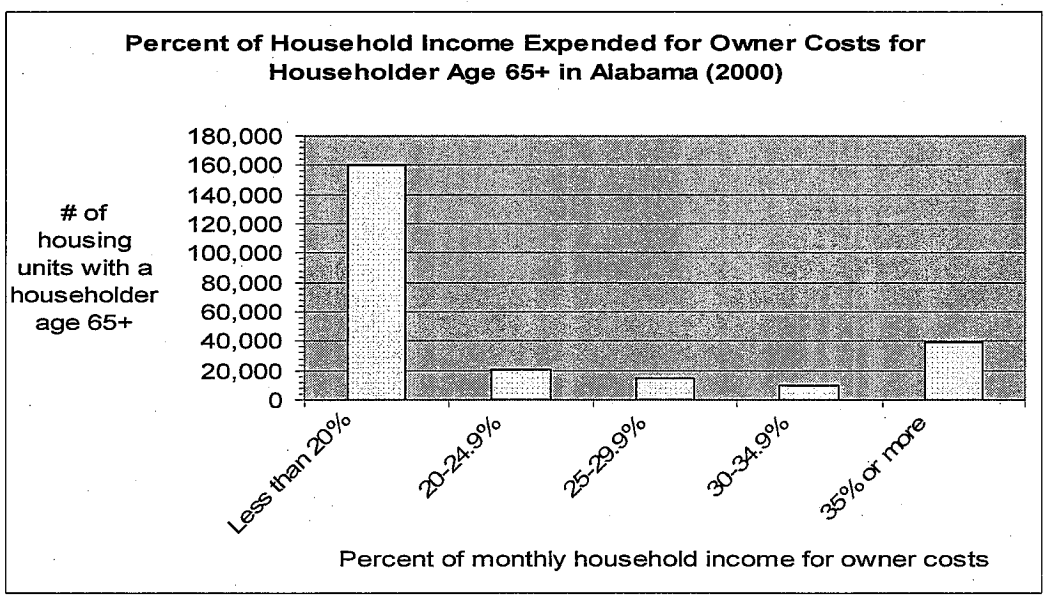
Older Alabamians who own their homes or who live in owner-occupied housing typically fare much better economically than older Alabamians who rent their homes. Most owner-occupied households with a person age 65 years and over have less than a 20 percent owner cost of maintaining that household on a monthly basis. Most renter-occupied households with a person age 65 years and over commit more than 34 percent of household income to monthly rent.

Figure II-8 depicts monthly owner costs as a percentage of household income. Figure II-9 depicts percentages of older persons' income committed to rent.

With a significant percentage of older persons living alone, one may deduce that difficulties in maintaining the home will increase, especially when there is only one income and one person to do all household chores. Thus, it is not uncommon for older persons living in single-family dwellings to experience the deterioration of their homes. According to CHAS data, 56 percent of very low-income older persons who rent and 61 percent of very low-income older home-owners report housing problems*. Many older Alabamians also live in homes with inadequate kitchen and plumbing facilities**.

There are over 9,500 housing units in the state with a householder over the age of 60 that do not have complete plumbing. There are over 5,700 housing units in the state with a householder over the age of 60 that do not have complete kitchen facilities. The highest concentrations of older persons with substantial housing needs are found in the rural, southern counties of Alabama, sometimes referred to as the "Black Belt."

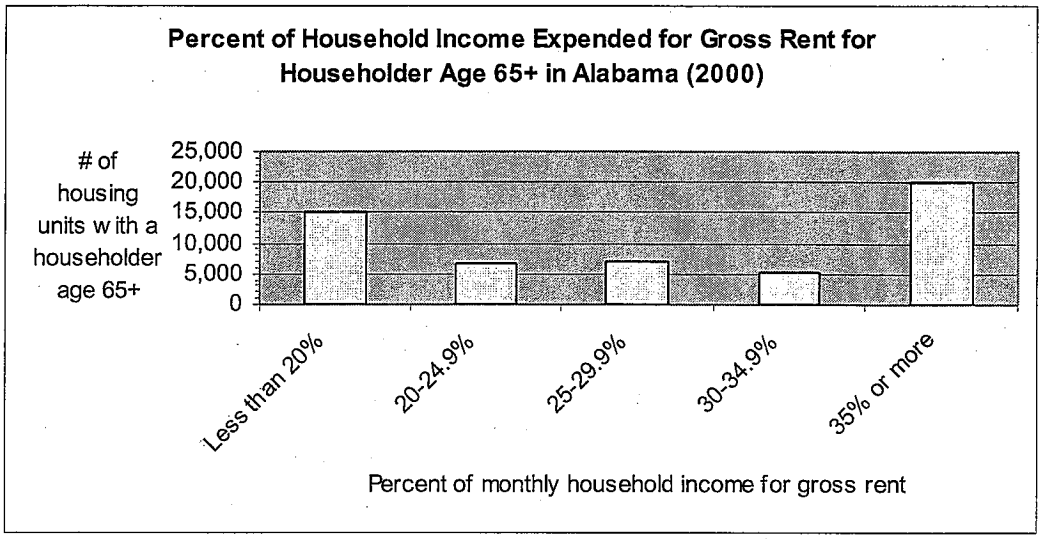
Figure II-8



* According to the U.S. Department of Housing and Urban Development, *housing problems* are defined as houses with (1) physical defects; (2) over-crowding; and/or (3) a cost burden 30% or more of total income.

** Complete plumbing facilities include hot and cold piped water, a flush toilet, and a tub or shower. All three facilities must be located inside the housing unit. Housing units are classified as lacking complete plumbing facilities when any of the three facilities are not present. A housing unit has complete kitchen facilities when it has all of the following: (1) a sink with piped water; (2) a range, or cook top and oven; and (3) a refrigerator. All kitchen facilities must be located within the structure. A housing unit having only a microwave or portable heating equipment, such as a hot plate or camping stove, is not considered as having a complete kitchen facility. An ice box is not considered to be a refrigerator.

Figure II-9



Not to be overlooked in any discussion of housing for older persons is the entire set of values held by the older persons about the appropriateness of housing. Some prefer to remain in units they have occupied for decades and achieve satisfaction by utilizing increasingly less of the dwelling as their personal capabilities and vitality decrease. In so doing, they remove from active consideration the approaching maintenance crises of those restricted areas. This seems to be a "worst case scenario," but may actually be the choice that is best for those individuals. Others choose to move to more maintenance-free housing and to establish new circles of friends and acquaintances.

Several options for older Alabamians have been identified for housing acquisition, financing, and repair. They even include part-time options designed to relieve the primary caregivers from such responsibilities for sufficient periods to permit them to continue their vocational pursuits without having to consider institutionalization.

Some of the resources available include private volunteer groups, the state, local governments, private associations of people in the building trades and marketing fields, banks, the Older Americans Act, and the following federal programs administered through other agencies:

- Section 202 - This program, administered through Housing and Urban Development, provides capital advances, rather than direct loans, to eligible private, nonprofit sponsors to finance the development of rental housing with supportive services for seniors.

- Section 504 - This program, administered through the USDA Rural Housing Service, is designed for the repair and rehabilitation of rural homes. Though not specifically for older persons, 504 loans and grants are geared towards older homeowners who may be equity rich but cash poor.

- Section 515 - Administered by the USDA Rural Housing Service, this is a rural rental multifamily housing loan program that provides direct financing for rental or cooperatively owned housing, including rental units for older persons.

- Section 521 - Administered by the USDA Rural Housing Service, the Section 521 program provides rental subsidies to low-income and very-low income tenants.

Other housing options are listed in Section III of this State Plan.

TRANSPORTATION STATUS OF OLDER ALABAMIANS

Limited transportation services are generally available throughout the State of Alabama, although there have been localized crises of curtailed services due to funding problems. The Alabama Department of Transportation provides a network of transportation services under the Section 18 program for rural areas and the Section 5310 program for seniors and disabled persons.

Prior to 1978, virtually all Federal transit assistance went to urban areas. In that year, Congress created a new program of transit assistance to "areas other than urbanized areas." The new rural program became Section 18 of the Federal Transit Act.

The Section 5310 program (formerly Section 16 (b)(2)), is intended to provide capital assistance (typically vehicles) to qualifying entities providing services for elderly and disabled persons in urban and rural areas. This program provides assistance in meeting special transportation needs where public transportation services and related resources to provide those services are unavailable, insufficient or inappropriate.

Nearly 80 percent of respondents to the 2005 ADSS Needs Assessment deemed the availability of transportation as "very important." The greatest impact of mobility problems occurs in rural settings. The cost of transportation is often excessive, prohibiting access to needed services. Public transportation among disadvantaged Alabamians has been thoroughly investigated in "A Report to the Alabama Legislature by the Advisory Committee to Study Mass Transit and Paratransit Needs in Urban and Rural Areas." The committee, which was created by Alabama Senate Joint Resolution 134, found that 655,000 Alabamians cannot drive or afford a car and are, thus, "transportation disadvantaged." Of that number, 281,000 are elderly; 156,000 have a disability; and of the remaining, 1/3 are children.

The report recommended the development of ". . . a mechanism at the State level to assist with the coordination of available transportation resources in Alabama." As a result, the State of Alabama received a United We Ride State Coordination Grant to help Alabama develop a plan for coordinated, enhanced transportation services. ADSS will play a key role in implementing this program which will provide older persons and individuals with disabilities with improved access to the state's transportation system.

Section III

Needs of Alabamians

2005 NEEDS ASSESSMENT

From January 20 to April 30, 2005, ADSS surveyed the general public to determine which social and health services issues were most important to them. The survey was designed to be as comprehensive as possible, especially to obtain input for the development of the Fiscal Years 2007–2010 State Plan on Aging and for each Area Agency on Aging's (AAA) Area Plan on Aging.

Survey questions addressed a wide variety of home- and community-based service preferences, service access, use of existing services, and demographics of the respondents. A total of 3,238 respondents fully or partially completed the survey. The respondents' ages ranged from young adults to those over age 90; the most frequently reported age range was 70-79 years of age. Approximately 75 percent of all respondents indicated they were female. Fifty-two percent of the respondents stated their household incomes were less than $1,164 per month.

Health issues and health care costs were most frequently deemed as "very important" among the respondents. Cost of medicine (92.8 percent), cost of hospital care (88.7 percent), and availability of hospital care (87.7 percent) were the top three individual service concerns, followed by cost of in-home care (85.5 percent), preventing identity theft and other frauds (85.4 percent), and cost of food (85.0 percent). Issues most frequently reported as "not very important" were the availability of full-time employment for seniors (28.7 percent), help with retirement planning (25.2 percent), and help with completing tax forms (21.6 percent).

Other survey questions dealt with transportation, legal assistance, care giving, in-home support, volunteerism, and prescription drug assistance. Approximately 71 percent of the respondents indicated they do not regularly provide care for someone who is unable to take care of him/herself. Sixty-nine percent of the respondents said they are able to drive when they need or desire to drive. When asked to identify what methods they use to learn about local programs for older adults, 60 percent of the respondents indicated they ask a friend.

By far, most respondents indicated they were not employed (79 percent). Forty-two percent of the respondents said they would be interested in volunteering to help senior citizens in their community. When asked to identify the types of problems they were having with their homes, 65 percent of the respondents said they need help with major repairs. Thirty percent of the respondents were having problems with pests (e.g., roaches, rats), and 27 percent indicated their homes were no longer affordable (e.g., utilities, upkeep, rent too expensive).

NEED FOR ADVOCACY

The problems of many older Alabamians are complex, and their problems are further complicated by the growing difficulty of obtaining many critical services and the growing complexities of the services. Older individuals need dedicated professionals to guide them in prioritizing their needs and to assist them through the array of available programs. Older individuals also need strong organizations and agencies to proactively educate policy makers so that applicable public policies are sensitive to the health and social needs of senior citizens.

The advocacy that is needed is the leadership mandated to be derived from ADSS. Over 769,000 older Alabamians need the benefits of having a State aging agency that has the interest, enthusiasm, and skills to effectively discern the needs of older Alabamians and to assure that the people of Alabama provide whatever is necessary to satisfy those needs. The advocacy efforts of ADSS are needed in the following areas:

- Coordination of the existing services by all providers;
- Development of new resources;
- Innovations in services delivery;
- Legislation at the State level;
- Stimulation of more active and better focused research;
- Stimulation of more appropriate educational programs in all levels of education and training;
- Effective evaluation of programs and services to older Alabamians from all service providers;
- More effective sharing of information about older Alabamians and their needs; and
- Development of new models of service delivery.

The AAAs serve as advocates on behalf of all older persons in their respective regions. Supported by their boards of directors, they also identify the needs of seniors and plan for meeting these needs through a system of home- and community-based services which enable older persons to maintain their independence and dignity. Based on Older Americans Act mandates, each AAA forms an advisory council to serve as an advocate for seniors and to advise the AAA as necessary.

Ombudsmen across the state are committed to advocating for residents of long-term care facilities. Supported by ADSS's State Ombudsman, the AAAs' Ombudsmen provide a visible presence in nursing facilities, assisted living facilities, specialty care facilities, and boarding homes. Assisted by volunteers, the Ombudsmen ensure that residents' rights are defended, unmet needs are addressed, and complaints are resolved effectively.

Each AAA hosts an area Legislative Day during every regular session of the Alabama Legislature. AAA staff members and seniors from that service area visit the Alabama Statehouse and discuss topics of importance to seniors with state senators and legislators who represent the AAA's region. The meetings and advocacy activities during the Legislative Day provide seniors with direct access to local legislators and help legislators know how they can better serve the seniors in their district. ADSS staff members also assist seniors with the legislative meetings and provide them with up-to-date information on legislation affecting ADSS and the AAAs.

ADSS works very closely with organizations comprised of older individuals who specifically represent the needs and interests of older individuals. For example, the Alabama Silver-Haired Legislature (ASHL) is a non-partisan model legislature comprised of citizens age 60 and older elected by their peers to represent the interests of older Alabamians. Members of the ASHL visit senior centers and civic groups to learn what is important to those they represent, to garner support for solutions to those issues, and to make recommendations to the Alabama Legislature in support of these issues.

The Alabama Senior Citizens Hall of Fame was created by the State Legislature in 1983. The purpose of the Hall of Fame is to bestow honor and recognition upon living Alabama residents who have made outstanding accomplishments and contributions to the lives of older Americans. Each September new members are inducted into the Hall of Fame. In addition, persons 100 years old and older and couples who have been married for 65 years or more are also recognized during the annual award's presentation. The Alabama Senior Citizens Hall of Fame has a permanent place at the State Capitol in recognition of senior advocates.

NEED FOR SYSTEM ACCESS

Older persons learn about available programs and services through a group of services referred to as access services. Access services include outreach, information and referral, transportation, escort, and case management services. Occasionally, additional services are placed into this category; these services will be discussed in other sections of this State Plan.

Studies have established that older persons in greatest need usually have little idea who provides the services, or how to find out about available services. Many situations may also require outreach, information and referral, and relief for inadequate monetary resources or time.

A major need in access services is the identification of rural older persons, low-income older persons, minority older persons - particularly older Native Americans, and low-income minority older persons. Once targeted individuals are identified, another major need is the determination of the specific services needed by these individuals and strategies for assuring that appropriate services for them receive the highest priorities from local service providers. Therefore, within access services, outreach must continue to be emphasized. Outreach services must be provided in a manner designed to achieve maximum effectiveness in identifying the older persons targeted for service delivery.

The next focus must be to identify the services needed by each targeted older person. Once the older person's needs are identified, efforts should be made to assure that proper adjustments are made - such as minimum spending levels - to support the delivery of needed services. Eighty percent of the respondents to the 2005 ADSS Needs Assessment considered the provision of information about available services to be a very important issue.

The third focus must be to assure that the targeted older persons are afforded opportunities to have their eligibilities established by the appropriate providers. Auxiliary services may be needed at this point to provide personal advocacy, etc. Transportation providers

must then be able to furnish the targeted individuals complete and ready access to the needed services.

ADSS is the primary source of information in Alabama concerning services for older persons and their family caregivers. In line with the priorities stated above, ADSS requires each AAA to spend at least 29.1 percent of its supportive services funds on one or more of the following access services: outreach, information and assistance, transportation, and case management.

NEED FOR COMMUNITY-BASED SERVICES

Nutrition Services

Nutrition services have been a long-standing need of older Alabamians. Based on the 2005 ADSS Needs Assessment, 85 percent of the respondents considered the cost of food to be a very important issue. In addition, 84 percent of the respondents said that maintaining a healthy diet was very important to them.

The number of congregate meals has gradually decreased as some clients have either stopped attending the nutrition centers or switched to the home-delivered meal program. There was a 1.97 percent decrease in congregate meals from Fiscal Year 2004 to Fiscal Year 2005. Approximately 51.3 percent of all meals served were consumed by the congregate participants from October 1, 2004 through September 30, 2005.

Facility improvements and other capital improvements to senior centers are an ongoing need. This material will be discussed in Section IV of this State Plan.

Transportation

In Alabama, transportation is a major hindrance for some seniors who choose to attend congregate nutrition centers. The vehicles needed to provide transportation in rural areas are limited because operational costs are prohibitive. Also, transportation is crucial in meeting the increased need for homebound nutrition services. Approximately 80 percent of the respondents to the 2005 ADSS Needs Assessment deemed the availability and cost of transportation were very important issues.

Health-Related Services

There is a broad range of health-related services, which are either separately or in combination needed by many older Alabamians. They include health screening, physical fitness programs, special services for the disabled elderly, health education, expanded programs for assisted daily living, and affordable health care for those persons not ready for Medicare or Medicaid. In addition, private and confidential services to meet their psychological and emotional needs are very important.

Other Community-Based Supportive Services

Alternative housing programs to maintain independent living are needed. The following services may also be required: employment services, various forms of counseling, legal assistance, casework, adult day care, foster care, volunteer opportunities, recreation, emergency services, improved disaster relief and preparedness plans and training, and protective services, including services designed to prevent elder abuse. To meet these needs, there should be a direct link to advocacy services.

The most common hindrance to accomplishing goals in these areas is inadequate funding. The resources of private individuals and corporate citizens should be solicited to support the needed community-based services. At present, the primary resources for funds are Title XIX and XX of the Social Security Act; Titles III, V, and VII of the Older Americans Act; several housing acts and education acts; and programs of the U.S. Departments of Agriculture and Transportation, and the Public Health Service.

NEED FOR IN-HOME SERVICES

In-home services are those that must be delivered to the older person in his/her residence due to the inability of the older individual to go to the service provider to receive the services. They include homemaker, home health aide, chore maintenance services, nutrition counseling and education, shopping assistance, emergency response services, friendly visiting, telephone reassurance, reading services, writing services, postal (or carrier) services, home alarm/alert services, home-delivered nutrition services, supportive services for families of victims of Alzheimer disease and other forms of dementia, personal care, safety, prevention of abuse and neglect, and pre-institutional evaluation services. These services are expected to be in greater demand as older persons live longer and, as a result, are more likely to develop conditions that require assistance with activities of daily living and instrumental activities of daily living. While some in-home services are expensive due to being labor-intensive, resources for many of them are available from volunteers and private agencies.

Home-Delivered Meals

The demand for home-delivered meals has escalated with the increasing numbers of frail elderly residing at home. The home-delivered meal program is an important service for homebound older persons, especially as their physical and health limitations become greater. Approximately 48.7 percent of all meals served were delivered to frail, homebound seniors from October 1, 2004 through September 30, 2005.

Family Caregiving Assistance

Family caregivers provide most of the care that supports older persons with chronic disabilities. This long-term care is almost entirely unpaid and greatly enhances the quality of life of the care recipients, often being the determining factor in where they live and even affecting their ability to survive. Among non-institutionalized persons needing assistance with activities of daily living, 95 percent of them have family members involved in their care. This degree of

caregiver involvement has remained fairly constant over more than a decade, bearing witness to the remarkable resilience of the American family in taking care of its elders despite increased family mobility, greater numbers of women in the workforce, and other changes in family structures.

Unfortunately, the costs to the caregivers - in terms of time, physical and emotional stress, and financial burden - can be significant. The most recent National Long-Term Care Survey and other research have documented that:

- Caring for an impaired older person often requires demands (e.g., heavy lifting and turning, frequent bedding changes, and helping a person use a toilet) that physically strain caregivers, many of whom are also older persons, and often compounds existing health problems;

- Bearing the long-term care responsibilities for a disabled, older relative or friend places heavy emotional strain on the caregiver and often results in depression; and

- Two-thirds of working caregivers report conflicts between work and caregiving, which require them to rearrange their work schedules, work fewer than normal hours, and/or take unpaid leaves of absence.

Because caregivers play such an important role in long-term care, services that sustain a caregiver's role and maintain their emotional and physical health are an important component of any home- and community-based care system. Supportive caregiver services can diminish caregiver burden, permit caregivers to remain in the workforce, and prevent or delay more costly unwanted out-of-home placement for care recipients. Families thrust into caregiving situations need accurate, timely information about services and options. Home- and community-based services that are essential to strengthening informal caregiving include, but are not limited to, personal assistance, respite, meals for the caregiver and/or the care recipient, home and vehicle modifications, assistive devices, caregiver training, education and support, legal and financial planning, day care, and consumer-directed services.

Other In-Home Services

According to the State Health Planning and Development Agency, there were 26,801 nursing facility beds in Alabama in 2004. Approximately three percent of older Alabamians reside in nursing homes. As greater numbers of older persons desire to remain in their own homes, ADSS also anticipates an increase in demand for the following services: homemaker/home health aide, shopping assistance, and personal care.

ADSS requires each AAA to spend at least 2.5 percent of its Older Americans Act supportive services funds for one or more of the following in-home services: homemaker, home health aides, friendly visiting, telephone reassurance, chore maintenance, and supportive services for families of older individuals who are victims of Alzheimer disease and related disorders with neurological and organic brain dysfunction.

NEED FOR LONG-TERM CARE SERVICES

A report prepared by the U.S. Senate Special Committee on Aging in 2000 described long-term care as differing from other types of health care in that the goal of long-term care is not to cure an illness, but to allow an individual to attain and maintain an optimal level of functioning. Long-term care encompasses a wide array of medical, social, personal, and supportive services as well as specialized housing services which are needed by individuals who have lost some capacity for self-care because of a chronic illness or disabling condition.

The Henry J. Kaiser Foundation's 1999 publication, *Long-term Care: Medicaid's Role and Challenges*, indicates 12.1 million Americans need assistance from others to carry out everyday activities and that most persons in need of long-term care are elderly. The same report indicates that, of the older population with long-term care needs in the community, about 30 percent (1.5 million persons) have substantial long-term care needs (3 or more limitations with activities of daily living). Of these, about 25 percent are 85 and older and 70 percent report they are in fair to poor health.

ADSS is an active member of the Long-Term Care Task Force established by the Governor (Executive Order 16). This task force is responsible for performing a comprehensive needs assessment of long-term care for Alabama and will make recommendations for the structure and delivery of long-term care services to prepare for the anticipated increase in the aging population over the next 15 years. There is further explanation of the Long-Term Care Task Force in the Section IV of this State Plan.

For older persons who are able to care for themselves but need some help with activities of daily living such as grooming, bathing, and personal care, Alabama's assisted living facilities provide one option for long-term care. Residents may also require help with instrumental activities of daily living such as managing medications, obtaining personal care items, or handling financial matters. While some assisted living facilities are very "home-like" with smaller communities, country settings, and low-key activities, others are larger with more activities and many amenities.

For older persons who reach a stage in life where skilled nursing care is required, living in a nursing home may be their best option. Alabama's nursing homes provide medical and nursing care, social services, and a home-like environment for convalescent and chronically ill residents who are unable to care for themselves. Most nursing homes offer services that include subacute, rehabilitative, medical, skilled nursing, and supportive social services for people who have functional limitations or chronic health conditions, and who need on-going health care assistance with their activities of daily living.

Because the age 85 and older population is the fastest growing segment of the older population and rates of institutionalization are highest for this category, there will be a dramatic increase in the need for space in long-term care facilities for the oldest-old. ADSS continues to partner with the Assisted Living Association of Alabama and the Alabama Nursing Home Association to identify ways in which Alabama's long-term care facilities may move toward person-centered care while preserving the rights of older Alabamians.

NEED FOR ELDER RIGHTS SERVICES

Elder Abuse

Occurrences of elder abuse are on the rise, making it more necessary for ADSS to work cooperatively with other agencies. ADSS and the Alabama Department of Human Resources (ADHR) work together to train community ombudsmen and ADHR's Adult Protective Services staff. ADSS also works with the Alabama State Nurses Association to inform elected officials and the general public of increasing occurrences of elder abuse and the vulnerability of certain segments of the older population. In 1997, a committee of representatives from ADSS and the Nurses Association developed a new brochure to increase all citizens' awareness of the problem of elder abuse.

Legal Assistance and Insurance/Benefits Counseling

With the ever-changing federal regulations for Medicare and Medicaid, insurance counselors are needed to inform citizens of the changes. The beneficiary services program is working to increase the number of available counselors who are prepared to assist older persons with the many changes they will face in the future.

Legal assistance services are provided to older persons as community-based services. These services provide older persons with an ability to defend their claims of eligibility when they have been denied services from other providers. They also assist older persons to avoid being victimized and to recover assets or funds lost through victimization. Cases handled through the provision of legal assistance under the Older Americans Act are limited to those which are non-fee-generating cases. ADSS requires each AAA to spend at least 6.7 percent of its supportive services funds for legal assistance for older Alabamians.

Legal assistance is a much-needed service and, with present funding levels, Alabama is only able to reach a small number of consumers. With an increase in funding, Alabama could reach many more clients to assist with their legal needs.

Ombudsman

The long-term care ombudsman program is a federal advocacy program that is authorized by the federal Older Americans Act and Alabama State Law. The program was created to help address the quality of care and quality of life experienced by persons who reside in long-term care facilities. Ombudsmen, who act to identify, investigate, and resolve complaints made by or on behalf of residents, face difficult challenges when trying to protect the rights of individuals in institutions.

Certified ombudsmen staff visit long-term care facilities to be accessible to residents and to monitor conditions. Ombudsmen also provide education regarding long-term care issues, identify long-term care concerns, and advocate for needed change. Community Ombudsman Programs employ staff and utilize volunteers to serve residents. We provide advocacy and informal resolution of concerns of residents in long-term care facilities.

Trained volunteer ombudsmen representatives visit residents in nursing homes or other long-term care facilities and establish a regular presence in the facility. Volunteers observe conditions and advocate for the rights of residents. They also provide information about resident rights, quality of care, and quality of life to residents and family members.

There were 864 cases and 1,674 complaints opened during Fiscal Year 2005, of which 855 complaints were closed at a resolution rate of 51 percent. Complaints could increase by 10 percent over the next fiscal year due to the expansion of Ombudsman services and the implementation of the volunteer Ombudsman program.

NEED FOR HOUSING SERVICES

Additional housing assistance is a need for many older Alabamians, as established in the previous section entitled "Housing Status of Older Alabamians." Housing assistance encompasses a broad spectrum of services. The basic tenor of these services is to assure older Alabamians of having a home which is theirs, to which title is not in jeopardy, which is safe, convenient, as maintenance-free as possible, comfortable, and economical. Furthermore, the homes need to be theirs in such a way that their entitlements to other services or benefits will not be affected. For some older persons, the best option will be assistance in purchasing a home or in modernizing a home; however, some individuals may need assistance in relocating to avoid a potential mortgage foreclosure. The homes need to be safe from the threats of unwanted intrusion. The homes need to be located conveniently to shopping and medical facilities.

For many older Alabamians, it is no longer practical to have access to housing that has the independence factors identified above. A better option is moving to smaller units in multi-family dwellings, apartments, etc. These individuals often need relocation assistance in managing the change.

Some of the housing service options identified by ADSS are:

- Assisted Living Facilities
- Shared Housing or Home Sharing
- Section 202 - This program, administered through Housing and Urban Development, provides capital advances, rather than direct loans, to eligible private, nonprofit sponsors to finance the development of rental housing with supportive services for older persons.
- Section 231 - This program provides for federal mortgage insurance to finance the construction or rehabilitation of rental housing for older or disabled persons.
- Section 502 - Administered by the USDA Rural Housing Service, the Section 502 program allows individuals or families to receive direct financial assistance directly from the Rural Housing Service in the form of a home loan at an affordable interest rate.

- Section 504 - This program, administered through the USDA Rural Housing Service, is designed for the repair and rehabilitation of rural homes. Though not specifically for older persons, Section 504 loans and grants are geared towards older homeowners who may be equity rich but cash poor.

- Section 515 - Administered by the USDA Rural Housing Service, this is a rural rental multifamily housing loan program that provides direct financing for rental or cooperatively owned housing, including rental units for older persons.

- Section 521 - Administered by the USDA Rural Housing Service, the Section 521 program provides rental subsidies to low-income and very-low income tenants.

- Section 811 – This program allows persons with disabilities to live as independently as possible in the community by increasing the supply of rental housing with the availability of supportive services. The program also provides project rental assistance, which covers the difference between the HUD-approved operating costs of the projects and the tenants' contributions toward rent. The program is similar to Supportive Housing for the Elderly (Section 202).

- Rehabilitation Assistance Partnership (RAP) - RAP was created by the Alabama Housing Finance Authority and the Home Builders Association of Alabama to meet the needs of homeowners who are physically and financially unable to repair their homes. Participants may receive up to $10,000 in renovations to make their homes safe and livable.

- Rebuilding Together with Christmas in April - Rebuilding Together is a national volunteer organization that provides repair assistance to older and disabled homeowners.

- Habitat for Humanity International – This program is a nonprofit, ecumenical Christian housing ministry and invites people of all backgrounds, races, and religions to build houses together in partnership with families in need. Through volunteer labor and donations of money and materials, Habitat builds and rehabilitates simple, decent houses with the help of the homeowner (partner) families. Habitat houses are sold to partner families at no profit, financed with affordable loans.

NEED FOR EDUCATION

Inadequate education of older persons is a deficiency that research has shown to correlate with lower incomes and lessened satisfaction with income, health, and personal effectiveness. Such a combination results in a need to improve the educational attainment level of many older persons. According to the 2000 Census, approximately 20 percent of older Alabamians have less than a ninth grade education. Efforts are especially needed to provide health and consumer education geared to the educational level of present older Alabamians. Educational programs must also be identified and/or developed to provide younger, more educated older persons with opportunities for continued education.

ADSS identifies educational programs which offer discounts to older persons throughout the state and ensures this information is accessible via the statewide *ElderConnect Alabama* information and referral system. The Alabama Department of Education has some resources available to assist in the education and training of older persons. The Alabama Public Library Service, local school districts, colleges, and universities also have resources available for this purpose. The task is to propose more effective ways of utilizing available resources to meet these needs.

While available resources include non-monetary support, many communities have been shown to have the ability to develop the financial resources necessary for the task. Community development specialists are required in this area.

NEED FOR PRESCRIPTION DRUG ASSISTANCE

The high cost of prescription drugs is a great burden to many older individuals. Unfortunately, high prescription drug costs prevent many older persons from obtaining needed medications. If a medicine can restore health or improve a life, a person who needs it should have it. Beginning in 2006, Medicare Part D will provide subsidized access to prescription drug insurance coverage on a voluntary basis, upon payment of a premium, to individuals entitled to Medicare Part A or enrolled in Medicare Part B, with premium subsidies and cost-sharing subsidies for low-income enrollees. By enrolling in either a stand-alone prescription drug plan or an integrated Medicare Advantage plan that offers Part D coverage, beneficiaries have a new option to help them pay for the prescriptions they need.

Providing ways to reduce the expense of medications will provide effective, cost-effective therapy that helps maintain a person's independence. With access to affordable prescription drugs, seniors will be able to enjoy a higher quality of life by keeping people in their homes and active in their communities. The following national data illustrate this need:

- 11 million individuals age 65 years and over have no prescription drug coverage.
- Senior citizens in the United States average 30 prescriptions annually.
- Half of all Medicare beneficiaries spend more than $1,000 a year and 30 percent spend more than $2,000 a year.
- The average amount seniors spend each year on prescription drugs will double over the next decade - 2000: $1,205 to 2010: $2,810
- Low-income seniors spend 40 percent of their income on prescription drugs.
- The prices of the 50 most prescribed drugs for seniors rose on average, by nearly 3 times the rate of inflation last year.
- The 40 of those Top 50 that are brand name drugs had an average annual price of $1,106.

SenioRx is a state-funded drug assistance program provided by pharmaceutical manufacturers to low-income seniors who have no prescription drug coverage. The program promotes and maximizes the dispersal of free and low-cost prescription drugs used to treat chronic illnesses. Because Medicare Part D now provides drug coverage to seniors ages 65 and older, in Fiscal Year 2006 ADSS lowered the eligibility age for the SenioRx program to ages 55 and older (formerly 60 years of age and over). Program coordinators are focusing their outreach efforts on the age 55-64 population for potential SenioRx enrollment.

CONCLUSION

The needs of Alabama's older population as expressed in this section represent broad and fundamental necessities that require statewide coordination of many professionals and organizations involved in service delivery. ADSS and the 13 AAAs can provide assistance with many of the identified needs of older Alabamians. However, there is a need for other human service agencies to be involved, whether they are private, non-profit, community based, county, state, or federal.

Consider those older persons who live in sub-standard housing as an example of the need for such coordination. Those older persons are likely to require more assistance than the State Unit on Aging acting alone is able to provide. The State's housing finance agency would be able to help the local and State Aging Network in improving the older persons' housing situations. Information on financial plans and fund procurement from the housing finance agency should be coupled with the array of home- and community-based services for the older person to form a more complete service model.

As our older population continues to grow, their needs will continue to grow as well. An ongoing reassessment of seniors' needs is important to obtain. With an expected increase in current resources, ADSS and the AAAs will meet as many service needs as possible.

SECTION IV

OVERVIEW OF ADSS: PROGRAMS AND SERVICES

PROGRAMS AND SERVICES

The Alabama Department of Senior Services (ADSS) carries out a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation. These functions are designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, communities throughout the state. These systems are designed to assist our service recipients in leading independent, meaningful, and dignified lives in their own homes and communities as long as possible.

ADSS has designated 13 Area Agencies on Aging (AAAs) for the purpose of carrying out the responsibilities described above for the State agency at the sub-State level. ADSS has designated as its AAAs only those sub-state agencies having the capacity and making the commitment to assist in carrying out the mission described above within their particular planning and service area. Through direct services provided by the AAAs and contracts that the AAAs develop with local service providers, ADSS assures that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas.

Listed in this section are programs and services that are provided with the AAAs for the citizens of the state. Due to funding variations, availability of service providers, etc., all of these services may not be available in every community. For detailed eligibility requirements and technical service definitions, please contact ADSS. This section also includes the goals/objectives for each program and service for fiscal years 2007-2010.

Direct Services by the Area Agency on Aging {Section 307(a)(8)}

To better understand the terminology, direct services are defined as those Older Americans Act services that are provided by AAA staff or their volunteers. Services not provided by the AAA would be offered by the AAA's contractors and/or their local service providers.

According to the Older Americans Act (OAA), no supportive services, nutrition services, and in-home services shall be provided by ADSS or AAA, except under the judgment of ADSS. In granting a waiver for the provision of direct services, ADSS must judge that the provision of the service by the AAA is necessary to assure an adequate supply of services; such services are directly related to the AAA's administrative functions; or such services can be provided more economically and with comparable quality by the AAA.

If ADSS or an AAA is currently providing case management (as of the date of submission of the State Plan on Aging) under a State program, ADSS or an AAA will be allowed to continue to provide case management services. An AAA is allowed to directly provide information and assistance services and outreach.

ADSS, the AAAs, and the AAAs' network of contractors and service providers provide a wide variety of services to older Alabamians and their family members. These services are

funded through the OAA and other federal funds as well as state, local, and grant funding. The reminder of this section is divided into the following major service categories:

- Home- and Community-Based Services
- In-Home Services
- Elder Rights Services
- Long-Term Care / Home- and Community-Based Services
- Other Special Grants and Activities

Home- and Community-Based Services

The OAA created the primary vehicle for organizing, coordinating, and providing home- and community-based services for older Alabamians. The Home- and Community-Based Services Program offers a broad range of services available to older adults through the OAA and other federal, state, and local programs. These services are designed to support and assist older Alabamians to continue living in their homes and communities for as long as possible. The social and health related services provided will promote health, self-sufficiency, and independence in older adults.

Senior Centers

There are approximately 350 senior centers located through the state. Each county will have one or more senior centers that serve as the focal point for delivery of multiple services to seniors within the community. With the exception of a few rural centers, each senior center operates five days per week except for designated holidays. Standard operating hours are 9:00 a.m. to 1:00 p.m. local time; however, many centers have extended hours.

In these settings, participants are given the opportunity to form new friendships and to interact in a social environment. Programs are planned to provide information of interest to older adults on nutrition, health, consumer, and legal issues. In addition, older adults can elect to participate in a variety of recreational activities, volunteer services to assist with center activities, access health screenings, and join group exercise sessions.

All of the centers provide meals in a congregate setting and most also make provision for delivery of meals to homebound seniors. The smallest centers serve 25 meals per day and the largest center serves more than 200 meals.

Program goals for continued senior center operations during Fiscal Years 2007-2010 are:

Goal 1. Assist the AAAs in training the center managers.

Goal 2. Improve the assessment process for operation of the Alabama Nutrition Program for the Elderly in the senior centers.

Congregate Meals

The Nutrition Program for the Elderly provides meals to help increase the nutrient intake of older individuals who might not eat adequately, and through better nutrition, assist them to remain healthy and independent in their communities. Hot or other appropriate meals are served five days per week in a congregate setting. Persons age 60 or older and their spouses regardless of age are eligible for meals. However, priority is given to those older individuals with the highest physical, economic, or social need for services and to minority elders or rural seniors.

ADSS, acting on behalf of the AAAs, offers a statewide food service vendor contract for the purchase and delivery of meals to the senior centers and other designated delivery points. Through this contract, AAAs can purchase hot meals, picnic meals, frozen meals, breakfast meals, shelf-stable meals, holiday meal packages, and/or liquid supplements for participants in the Nutrition Program for the Elderly. The contract also makes provision for purchase of meals for Alabama Cares and Elderly and Disabled Medicaid Waiver clients.

- ***Hot meals*** typically consist of a hot entrée, three side dishes (1-2 hot, cold side dish and/or juice), bread, dessert, and milk. These meals are delivered to nutrition centers daily and consumed on-site by congregate program participants.

- ***Picnic meals*** contain food items (sandwiches, chips, salad, fruit, cookies, milk, and juice) that are delivered, either refrigerated or at room temperature as appropriate, with all items individually portioned. These meals are used on special occasions as hot meal replacements.

- ***Frozen meals*** consist of an entrée plus two side dishes, juice, milk, dessert, bread, and margarine. All meal components, excepting milk, are delivered in a frozen state. Milk is delivered in the refrigerated fresh form. Frozen meals are delivered weekly. Meals are available packaged in 2, 5, and 7 meal packs. Congregate participants with a high need for services may receive frozen meals to use as a weekend meal or a second meal. Occasionally, centers operating less than 5 days per week will use frozen meals to supplement the hot meal program.

- ***Breakfast meals*** consist of room temperature/cold breakfast food items such as cereal, juice, milk, and bread. Meals are delivered in conjunction with a hot meal or frozen meal delivery at least one day in advance of serving. These meals are intended for individuals that have a high need for nutrition services. Occasionally, centers operating less than 5 days per week will use breakfast meals to supplement the hot meal program.

- ***Holiday meal packages*** contain enough basic food items, requiring little to no preparation, to supply, at a minimum, enough food to provide one person both lunch and supper for two days. These meals are only available during holiday periods (Thanksgiving, Christmas, and Fourth of July) when senior centers are closed.

- ***Shelf-stable meal packs*** contain foods that require no refrigeration and little or no preparation. These meals are used as hot meal replacements during holiday periods, as supplemental weekend meals for at-risk clients, and as emergency meals.

- ***Liquid nutrition supplements*** are formulated drinks used as meal replacements or supplemental meals for participants with documented medical need.

Each of the above meal types is available for purchase with bulk delivery to nutrition centers. Breakfast meals and picnic meals may also be purchased as assembled meals.

All meals must be in accordance with the provisions of the OAA and must comply with all local, state, and federal health, safety, and sanitation requirements. Furthermore, all meals must comply with the most recent Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture. In addition, if one meal is served per person, the meal must provide a minimum of one-third (1/3) of the daily recommended dietary allowances (RDA) for older individuals as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. If two meals are served per person, the combination must provide a minimum of two-thirds (2/3) of the daily recommended dietary allowances.

By providing a variety of meal types and delivery options under the statewide contract, ADSS provides the AAAs with several means for tailoring meal services to client needs in their respective service areas. Clients with a high need for services may be authorized to receive two meals per day. Shelf-stable meals and holiday meal packages can be provided to at-risk clients during holiday periods and for emergency usage. Because weekly delivery of frozen meals is more cost efficient than daily delivery of hot meals, the frozen meal purchase options frequently make it feasible to serve isolated, rural clients.

In Fiscal Year 2005, a total of 2,271,601 congregate meals were served by the Alabama Nutrition Program for the Elderly. Of these meals, approximately 2,147,000 were hot meals.

Having a statewide food service contract enables ADSS to provide uniform meal purchase options throughout the state. All AAAs, whether the service area is comparatively affluent or impoverished or whether it is rural or urban, can offer the same meal services at the same meal price. Historically, having the contract awarded by competitive bid has been an effective means for controlling meal costs.

Based on the anticipated reauthorization of the Older Americans Act, ADSS may be required to include vitamin supplements in its statewide nutrition contract. Shrinking federal, state, and local funding for meals programs is anticipated within the next planning period. In addition, fuel prices are predicted to escalate sharply in the near future and thereby increase costs both for food/supplies and for delivery to the client. Fuel increases will also impact costs for transporting clients to centers. During this same timeframe, there is a projected increased demand for meal service, primarily for home delivered meals, resulting from increased numbers of older adults, especially frail seniors. Program planners will be forced to look for alternative delivery modes and other means of improving operational efficiency.

Staff at ADSS are currently evaluating multiple options for reducing costs of service delivery including (a) operating rural centers on a reduced schedule, (b) increasing the number of meals delivered to client homes in a visit, and (c) providing different mixes of meals in the congregate meal program. Additional measures under consideration for increasing funds include a sponsored meals program, fund-raising events at the local level, and activities to encourage more client contributions.

Program goals for the congregate meal program during Fiscal Years 2007-2010 are:

Goal 1. Assist the AAAs in planning and budgeting of meal services to maximize services provided and to appropriately plan and target meal services.

Goal 2. Work with meals vendor/contractor to improve quality of meals provided and explore new meal options (i.e., ethnic meals, salads, modified meals).

Goal 3. Refine vendor/contractor monitoring procedures.

Goal 4. Evaluate efficiency of current meal delivery system and develop plans/procedures for increasing cost efficiency without sacrificing food quality.

Goal 5. Revise current nutrient planning standard as required to conform to new standards and work with vendor to minimize effects of any changes on food quality and costs.

Goal 6. Seek annual increases in funding to expand the resources available for the needs of the growing older population.

Transportation and Assisted Transportation

Transportation is the provision of a means of going from one location to another. It includes driving the participants from their homes to medical offices, shopping malls, post office, supermarket, or the congregate meal site. It also includes the transporting of meals from the nutrition centers to the older clients' homes. Assisted Transportation is defined as the provision of assistance, including escort, to an older person who has difficulties (physical or cognitive) using regular vehicular transportation. In Fiscal Year 2005, older Alabamians received over 930,000 units of transportation and assisted transportation. Transportation services are funded through the OAA.

A program goal for transportation and assisted transportation during Fiscal Years 2007-2010 is:

Goal 1. Develop a mechanism at the State level to assist with the coordination of available transportation resources in Alabama.

Information and Assistance, and Outreach

Information and Assistance is a service that provides individuals (i.e., primarily older persons or caregivers) with current information on opportunities and services available to them within their communities, including information relating to assistive technology. It also includes assessing the individuals' problems and capacities, linking individuals to available opportunities and services, and to the maximum extent practicable, ensuring that individuals receive the services they need and are aware of the opportunities available to them, by establishing adequate follow-up procedures. Information and assistance services are funded through the OAA.

Outreach is defined as those efforts that identify and inform eligible individuals concerning assistance under the OAA. Outreach efforts should emphasize (1) older persons residing in rural areas; (2) older persons with the greatest economic need; (3) older persons with the greatest social need; (4) older persons with severe disabilities; (5) older persons with limited English-speaking ability; and (6) older persons with Alzheimer disease or related disorders. Moreover, outreach efforts are interventions initiated by an agency or organization for the purpose of identifying potential clients (i.e., older persons or their caregivers) and encouraging their use of existing services and benefits.

Program goals for information and assistance and outreach during Fiscal Years 2007-2010 are:

Goal 1. Develop information and referral staff at each of the AAAs to respond to inquiries about AAA and other community services.

Goal 2. Develop information and referral staff at each of the AAAs to determine appropriateness for AAA programs by assessing preliminary information from clients.

Goal 3. Maintain and utilize *ElderConnect Alabama* to refer clients/individuals to community services as appropriate.

SenioR$_x$ Prescription Drug Assistance Program

Alabama's SenioR$_x$ Program is a partnership of state agencies and community organizations designed to assist senior citizens ages 55 and older (formerly 60 years of age and over) with chronic medical conditions who have no prescription insurance and limited financial means (i.e., living at and below 200 percent of the federal poverty level) with applying for drug assistance programs provided by pharmaceutical manufacturers. The program is funded through State appropriations.

Because the high cost of prescription drugs can be a great burden, the SenioRx program strives to reduce economic stress, promote better health, and improve the quality of life of Alabama's older population by providing ways to reduce the expense of life-sustaining medications. Since its inception in July 2002, the SenioRx Program has saved Alabama seniors over $114 million in drug expenses by submitting nearly 370,000 prescriptions to drug

companies on behalf of 28,000 seniors across the state. Additionally, program administrators contend that the program has reduced the incidence of emergency room visits as well as hospital and nursing home admissions.

Medicare Part D now provides medication assistance to the vast majority of seniors who had received medication assistance under the SenioRx Program. AAA program coordinators across the state spent considerable time counseling and transitioning Medicare beneficiaries by helping them make informed decisions toward enrolling in a Medicare Part D plan. Because Medicare Part D provides drug coverage to seniors ages 65 and older, the SenioRx program is now primarily focusing on providing drug coverage to persons age 55-64. In January 2006 over 113,000 non-Medicare eligible seniors ages 55-64 were identified as being eligible to receive services under the recently-expanded SenioRx Program.

A major challenge for the expanded SenioRx Program is to attract younger seniors who are unfamiliar with services under aging programs. They are, for the most part, employed with daily child-rearing activities. ADSS and AAAs will work with community leaders to expand resources and support, promote developments that support the program, and increase awareness among the general populace. ADSS will also work to cross-train staff to identify the full spectrum of prescription drug services available to seniors, recruit and train volunteers to help meet the demands of the program, and establish communication channels to receive feedback from service delivery providers, clients/caregivers, volunteers and staff.

Program goals for the SenioRx Prescription Drug Assistance Program during Fiscal Years 2007-2010 are:

Goal 1. Coordinate efforts among differing organizations to reach as many eligible seniors as possible for prescription drug assistance.

Goal 2. Collaborate with community leaders to expand resources and support for the SenioRx program.

Goal 3. Establish a comprehensive knowledge base for AAA coordinators to easily and accurately identify available prescription drug services for seniors.

Goal 4. Recruit and train volunteers to help meet the demands of the SenioRx program.

Goal 5. Establish communication channels to receive feedback from service providers, clients/caregivers, volunteers, and staff.

Nutrition Education and Nutrition Counseling

Nutrition education is a program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise. Nutrition education is funded through the OAA and is typically offered at least quarterly at all senior centers in the state.

Through nutrition counseling, older persons who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or chronic illnesses, receive individualized advice and guidance about options and methods for improving their nutritional status. The counseling is performed by a health professional in accordance with state law and policy and may be funded through the OAA. Nutrition counseling is currently available on a limited basis in the state; future plans provide for expansion of this service.

Program goals for nutrition education and nutrition counseling during Fiscal Years 2007-2010 are:

Goal 1. Work with AAAs to develop more effective means of utilizing data obtained from the Nutritional Risk Survey.

a. Develop recommendations for matching at-risk clients with available meal services and for making appropriate referrals.

b. Investigate options for providing nutrition counseling and obtaining reimbursement for medical nutrition therapy through Medicare.

c. Explore feasibility of using Nutritional Risk data to demonstrate funding needs at local and state levels.

Goal 2. Work with AAAs and other State agencies to provide nutritional and health education programs to seniors. Emphasis will be placed on activities that address major health problems identified in Section II (i.e., obesity, inactivity, diabetes, hypertension, cancer, coronary vascular disease, and osteoporosis).

Senior Farmers Market Nutrition Program

Since 2002, the Alabama Farmers Market Authority (AFMA) has been awarded the Senior Farmers Market Nutrition Program by the U.S. Department of Agriculture's Food and Nutrition Service. From a small beginning, the program has expanded and is now offered in all counties within the state. This program is designed to enhance the health of eligible low-income senior citizens and to assist with the expansion of farmers' markets programs in the state. The AFMA has partnered with ADSS and the AAAs to administer the Senior Farmers Market Nutrition Program.

The objectives of this program are (a) to provide fresh, unprepared, locally grown fruits and vegetables from farmers markets, roadside stands, and community supported agriculture programs to low-income seniors; (b) to increase domestic consumption of agricultural commodities by expanding or aiding in the expansion of farmers markets, roadside stands, and community supported agricultural programs; and (c) to provide nutrition education to senior citizens.

The program currently provides each eligible client an annual benefit of one book with five $4 coupons, having a total value of $20.00. Books are distributed on a first come – first

serve basis at specific program sites to individuals that are 60 years of age or older and whose total household income does not exceed 185% of the federal poverty level. The checks are redeemable by participants for locally grown fresh fruits, vegetables, and herbs sold by certified farmers at selected farmers markets, roadside stands, or community supported agricultural programs. In Fiscal Year 2006, the AFMA will distribute over $1.2 million in grant funds to approximately 60,000 low-income seniors in the state.

Program goals for the Senior Farmers Market Nutrition Program during Fiscal Years 2007-2010 are:

Goal 1. As appropriate, advocate at federal and state levels for continued support and expansion of this program so that clients' benefits may be increased to $40.00 per year.

Goal 2. Promote the health benefits of increased fruit and vegetable consumption for seniors in a variety of media.

Senior Community Service Employment Program (Title V)

ADSS administers the Senior Community Service Employment Program (SCSEP) in eleven planning and service areas throughout the state. The dual purposes of SCSEP are to provide useful part-time community service assignments for low-income individuals age 55 and older, while promoting transition to unsubsidized employment. Seniors participating in the program work approximately 20 hours per week. ADSS serves a coordinating role and ensures equitable distribution of employment through its Title V SCSEP.

SCSEP provides a variety of support services to older workers such as job training and referrals, job related counseling, and other services. The community service assignments include social, health, welfare and educational services, community libraries, recreation centers, senior centers, weatherization activities, community improvement projects, transportation services, and other community service positions.

The program operates under the OAA and is the only federally funded program sponsored by the U.S. Department of Labor (DOL) that targets seniors. Funding for ADSS's SCSEP was $1.6 million for Program Year 2005. ADSS will strive to meet senior employment issues in the future, as more of Alabama's "Baby Boomers" reach retirement age.

Medication Management and Health Promotion

Medication Management includes assistance, screening, and education provided to older individuals to prevent incorrect medication and adverse drug reactions. This service may include assisting an older person with compiling a list of current medications, developing an emergency contact list, or storing informational pamphlets provided by pharmacists on medications. Medication Management services are funded through the OAA.

Health Promotion is the provision of programs/services designed to maintain or improve the health and well-being of older persons, including health screening, health promotion, and other health-related activities. This service is funded through the OAA.

Recreation

Recreation services for older individuals are designed to encourage participation in activities facilitated by a service provider. These activities may include sports, performing arts, games, and crafts. The client may participate in these recreational activities either as a spectator or as a performer. This service is funded through the OAA.

Program goals for recreation services during Fiscal Years 2007-2010 are:

Goal 1. Expand services at senior centers to include a wider range of activities designed to maintain mental and physical wellness.

Goal 2. Strengthen and support existing recreational opportunities such as Alabama Masters Games.

Public Education

This is the provision of formal or informal opportunities for individuals to acquire knowledge, experience, or skills. It includes group events designed to increase awareness in such areas as crime or accident prevention, continuing education, or gaining skills in a specific craft, job, or occupation that does not include wages or stipends. This service normally excludes nutrition-related presentations. Public education sessions may be held in various locations such as senior centers, community fairs, or other gatherings. This service is funded through the OAA.

Program goals for public education during Fiscal Years 2007-2010 are:

Goal 1. Develop short-term and long-term communications plans.

Goal 2. Identify ADSS as the primary source for information and services for the state's older population.

Material Aid

Through material aid, older persons receive services in the form of goods or food, such as the direct distribution of commodities, surplus food, clothing, smoke detectors, eyeglasses, security devices, etc. This service is funded through the OAA.

Program goals for material aid during Fiscal Years 2007-2010 are:

Goal 1. Expand this service to include eligible clients of the Title XIX Elderly and Disabled Waiver program.

Goal 2. Create directories or databases of providers that have needed supplies for older individuals.

In-Home Services

These services are provided at the client's residence and are intended to assist older individuals to live independently in a home environment.

Home Delivered Meals

Home delivered meals are service options that may be funded through the Nutrition Program for the Elderly, the Title XIX Elderly and Disabled Waiver program, and Alabama Cares. Meals are delivered to the individual residences of vulnerable, older persons who are normally unable to leave their homes without assistance. These clients typically need assistance with meals, because they are unable to prepare meals for themselves and lack an informal support system to routinely provide assistance with meals. Services are intended to maintain or improve the nutritional status of these clients, support their independence, prevent premature institutionalization, and allow earlier discharge from hospitals, nursing homes, and other residential facilities.

AAAs purchase meals for clients in the Nutrition Program for the Elderly from the state contract as previously described in this section of the State Plan. All of the meal purchase options for the congregate meal program are also purchase options for the home delivered meals program. Meals purchased with bulk delivery to senior centers will be packaged for home delivery at the center and then taken to the client by volunteers/staff. In addition, door-to-door client delivery by the vendor is a purchase option for frozen meals, shelf-stable meals, liquid supplements, and frozen meals plus assembled breakfast meals. For these meals, the purchase price includes delivery directly to the client by the vendor anywhere in the state.

Purchase of meals (frozen, shelf-stable, and holiday meal packages) under the Alabama Cares program is done on a limited basis by some AAAs.

In Fiscal Year 2000, door-to-door delivery was approved as a service option for Elderly and Disabled Medicaid Waiver clients. Case managers from both ADSS and the Alabama Department of Public Health (ADPH) purchase meals for these clients from the state contract. Depending upon need, clients may be authorized to receive (a) a single service unit of 7 frozen meals, (b) two service units of 7 frozen meals, or (c) a single service unit of 7 frozen meals plus a single service unit of 7 breakfast meals.

All meals must be in accordance with the provisions of the OAA and must comply with all local, state, and federal health, safety, and sanitation requirements. Furthermore, all meals must comply with the most recent Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture. In addition, if one meal is served per person, the meal must provide a minimum of one-third (1/3) of the daily recommended dietary allowances (RDA) for older individuals as established by the Food and

Nutrition Board of the Institute of Medicine of the National Academy of Sciences. If two meals are served per person, the combination must provide a minimum of two-thirds (2/3) of the daily recommended dietary allowances.

Clients authorized to receive frozen meals must be screened to ensure that the client (a) has an operational freezer, refrigerator, and stove or microwave and (b) is able to appropriately manage the simple tasks of storing and preparing meals.

In Fiscal Year 2005, a total of 2,121,023 home delivered meals were served by the Nutrition Program for the Elderly. Home delivered meals accounted for approximately 48.6 percent of the meals served by this program. Hot meals and frozen meals respectively constituted 77 percent and 14 percent of these purchases. The Elderly and Disabled Waiver Program purchased an additional 881,243 home delivered meals.

Staff at ADSS is currently evaluating multiple options for reducing costs of service delivery including (a) increasing the number of meals delivered to client homes in a visit and (b) providing different mixes of meals in the home delivered meal program. Additional measures under consideration for increasing funds include a sponsored meals program, fund-raising events at the local level, and activities to encourage more client contributions among homebound clients.

Program goals for the home delivered meal program during Fiscal Years 2007-2010 are:

Goal 1. Assist AAAs in planning and budgeting of meal services to maximize services provided and to appropriately plan and target meal services.

Goal 2. Work with meals vendor/contractor to improve quality of meals provided and explore new meal options. Investigate means for including ethnic meals and modified meals in service options.

Goal 3. Refine vendor/contractor monitoring procedures.

Goal 4. Work with other ADSS programs and ADPH to monitor the service delivery and meal quality.

Goal 5. Incorporate modified meals into the meals program.

Goal 6. Seek additional funding to expand resources to better meet the needs of an increasing older population.

Alabama Cares: The National Family Caregiver Support Program

Alabama Cares helps families sustain their efforts to care for older individuals who have a chronic illness or disability or to sustain the efforts of grandparents and older relatives caring for children. Through this program, caregiver support services are available to adult family members, or other individuals who are informal providers of in-home and community care to

older persons. Caregiver support services are also available to grandparents or older individuals who are relative caregivers for a child, age 18 and under. Priority consideration for services is given to persons in greatest social and economic need, with particular attention to low-income older individuals, and older individuals providing care and support to persons 18 and under with mental retardation and related developmental disabilities.

This program is funded through the OAA and provides a continuum of support services for family caregivers. Through this federal funding, ADSS works in partnership with the AAAs, service providers, and consumer organizations, and administers the following five basic program components:

- Information about resources that will help families in their caregiver roles;
- Assistance to families in locating services from a variety of private and voluntary agencies;
- Caregiver counseling, training, and peer support to help them better cope with the emotional and physical stress of dealing with the disabling effects of a family member's chronic condition;
- Respite care provided in a home, an adult day care center, or over a weekend in a nursing home or a residential setting such as an assisted living facility; and
- Limited supplemental services to fill a service gap that cannot be filled in any other manner.

Respite Services

Skilled respite services are those provided to clients unable to care for themselves on a short-term basis because of the absence of or need for relief of the regular care provider. This service is performed by an RN or LPN. Skilled respite services are funded through the Title XIX Elderly and Disabled Waiver program.

Unskilled respite services are those provided to clients unable to care for themselves on a short-term basis because of the absence/need for relief of the regular care provider. This service may be performed by a homemaker or personal care worker. Unskilled respite services are funded through the Title XIX Elderly and Disabled Waiver program.

Personal Care, Homemaker, and Chore Services

Personal care is defined as providing personal assistance, stand-by assistance, supervision, or cues to older persons with the inability to perform one or more of the following activities of daily living (ADLs): eating, dressing, bathing, toileting, transferring in and out of bed/chair, or walking. This service is provided on a one-on-one basis between a service provider and a client. Personal care services may be funded through the OAA or through the Title XIX Elderly and Disabled Waiver program.

Homemaker services are those that provide assistance to older persons who have the inability to perform one or more of the following instrumental activities of daily living (IADLs): preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework. This service is provided on a one-on-one basis between a service provider and a client. Homemaker services may be funded through the OAA or through the Title XIX Elderly and Disabled Waiver program.

Chore services provide assistance to older persons having difficulty with one or more of the following IADLs: heavy housework, yard work, or sidewalk maintenance. This service is provided on a one-on-one basis between a service provider and a client. Chore services are funded through the OAA.

A program goal for personal care, homemaker, and chore services during Fiscal Years 2007-2010 is:

Goal 1. Increase outreach and targeting of these services for older individuals who are victims of Alzheimer disease and related disorders with neurological and organic brain dysfunction.

Telephone Reassurance and Friendly Visitation

Telephone reassurance simply involves contacting an older individual in order to provide comfort or help. Targeted older individuals include socially isolated individuals or Aging Network participants who have stopped participating in programs for unknown reasons. Friendly visitation involves going to see an older person in order to provide comfort or help. Both of these services are funded through the OAA.

Program goals for telephone reassurance and friendly visitation during Fiscal Years 2007-2010 are:

Goal 1. Increase outreach and targeting of these services for older individuals who are victims of Alzheimer disease and related disorders with neurological and organic brain dysfunction.

Goal 2. Increase outreach and targeting of these services for older individuals who are homebound and do not receive a daily meal delivery.

Elder Rights Protection Services {Section 705(a)(7)}

ADSS will provide vulnerable elder rights protection activities and services to eligible individuals through funds and guidelines established under Title VII of the OAA. These primary activities and services are: legal assistance, ombudsman, and prevention of elder abuse, neglect, and exploitation.

ADSS requires the AAAs to conduct periodic public hearings on all activities carried out under their Area Plans on Aging which include elder rights activities funded under the OAA.

ADSS hosts public hearings each fiscal year on all activities carried out under the State Plan on Aging including elder rights activities funded under the OAA. Notices for ADSS's public hearings are sent to newspapers throughout the state and sent directly to organizations and individuals on the ADSS mailing lists.

In preparing for this State Plan on Aging, a statewide needs assessment was completed by distributing surveys to clients and other individuals. The survey was also available for completion by anyone on the ADSS website. The survey for the needs assessment included questions related to elder rights protection activities.

Funds are allocated and expended according to the intrastate funding formula described in Section VII of this State Plan on Aging. OAA funds are not used to supplant funds from other sources. Before additional funds are distributed to them, the AAAs must assure ADSS with a written plan that services will be increased before such funds are distributed. Assurances related to Title VII and related activities are found in Section VIII of this State Plan on Aging.

Legal Assistance

This is the provision of legal advice, counseling, and representation by an attorney or other person acting under the supervision of an attorney. Such legal advice may be provided to older persons or to other persons on behalf of an older person. This service is funded through the OAA. Legal assistance is available for older persons who reside in long-term care institutions. A major focus of legal assistance is protecting the autonomy and dignity of the older individual and toward that end the legal program is a defense against guardianship (where necessary) and financial exploitation.

Special outreach efforts will focus on individuals with greatest economic and social need, low-income minority older individuals, older individuals who reside in rural areas, and older individuals who are Native Americans. Focus will also be given to older individuals with severe disabilities and older individuals who have limited English-speaking ability. Caretakers of these older individuals should also be informed of the availability of legal assistance. Services given priority under the legal assistance program are those related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

ADSS has developed service and provider standards to ensure quality legal services are provided. An electronic legal reporting system has also been developed to capture information on numbers of cases, types of cases, legal education activities, community activities, and other pertinent information. Neither a state, nor a state agency, may require any provider of legal assistance under Title III of the OAA to reveal any information that is protected by the attorney-client privilege. An AAA may not require any provider of legal assistance under Title III to reveal any information that is protected by the attorney-client privilege.

Program goals for the legal assistance service during Fiscal Years 2007-2010 are:

Goal 1. Improve access to legal assistance services for older adults who have no other legal resources, especially those who are institutionalized, who are minority, rural, and homebound.

Goal 2. Promote the awareness and use of advance directives for health care planning in the community through training and education by partnering and collaborative opportunities to increase knowledge of advance directives.

Goal 3. Empower seniors to know and exercise their rights to receive benefits to which they are entitled and to make informed choices about life concerns through education.

Goal 4. Identify through the reporting system whether there are unmet legal needs within the service areas.

Goal 5. Encourage legal providers to coordinate services with the local Legal Services Corporation, private bar associations, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

Goal 6. Develop an evaluation/assessment system for legal services, which addresses the quality of service provided and whether the services are meeting the needs of seniors.

Goal 7. Encourage legal providers to participate in legal trainings which would provide needed continuing education requirements for attorneys.

Ombudsman

The Ombudsman program provides services to protect individuals residing within nursing facilities, assisted living facilities, specialty care facilities, and, for Jefferson County, boarding homes. The program is mandated to operate in accordance with the OAA and AL Act No. 85-657. According to the OAA, the State Ombudsman has the responsibility to:

- Identify, investigate, and resolve complaints that are made by, or on behalf of, residents of long-term care facilities;
- Provide services to assist residents in protecting their health, safety, welfare, and rights;
- Inform residents about means of obtaining services;
- Ensure that residents have regular and timely access to services;
- Represent the interests of residents before governmental agencies and seek administrative, legal, and other remedies to protect their health, welfare, safety, and rights;

- Analyze, comment on, and monitor the development and implementation of federal, state, and local laws, and recommend any changes in such laws;

- Assure the public's ability to comment on laws affecting residents of long-term care facilities; and

- Provide for training representatives of the State Ombudsman to carry out other activities as the State and U.S. Administration on Aging determine to be appropriate.

Other duties and responsibilities of the Ombudsman include providing administrative and technical assistance; working with legislation affecting residents of long-term care facilities; providing technical support to resident and family councils; promoting the development of citizens' organizations related to long-term care facilities; and maintaining accurate reporting through the required reporting system.

The Alabama state ombudsman law specifies that ADSS will work with the AAA ombudsmen who may be an employee or contracted employee of the AAA, in support of Section 712(a)(5)(C) of the OAA. Before training for local or community ombudsmen is commenced, ADSS requires all potential ombudsmen to sign a conflict of interest statement. ADSS follows federal regulations in choosing and certifying an entity to serve as local or community ombudsmen and requires the AAAs to do likewise.

The state ombudsman program has always worked closely with adult protective services (APS) of Alabama by serving on committees and by providing its staff with information on ombudsman services, which are included in their APS education activities. APS also participates in training provided to community ombudsmen funded through ADSS. In Alabama, APS is a division of the Department of Human Resources, whose commissioner is a member of the ADSS Board.

All complaints received by the state or community ombudsmen remain confidential in accordance with established state policies and procedures. To ensure that the state or community ombudsmen do not allow involuntary or coerced participation in the ombudsman program, the state has established, in its ombudsman policies and procedures, that all applicable consent forms be obtained from the complainant, resident, or person legally authorized to act on behalf of the resident before acting on the resident's behalf.

The Alabama Long Term Care Ombudsman Program works collaboratively with the Alabama Quality Assurance Foundation (Q.I.O.) and other partners to promote the values, principles, and practices of the culture change initiative by identifying and working with specific facilities on quality improvement.

Ombudsmen are committed to advocating for residents of long-term care facilities and ensuring that residents' rights, unmet needs, and complaints are handled and resolved effectively, while maintaining resident and complainant confidentiality. Ombudsmen protect and help improve the quality of life for residents in long-term care settings. Ombudsmen work closely

with ADPH's Bureau of Health Provider Standards and the Alabama Department of Human Resources by making referrals in cases of abuse, neglect, and exploitation.

Program goals for the Ombudsman program during Fiscal Years 2007-2010 are:

Goal 1. Expand volunteers within the program so that each AAA will have a volunteer ombudsman program by FY 2007.

Goal 2. Respond to an expected 10 percent increase in complaints over the next year with an increasing rate of complaints over subsequent years due to expanded ombudsman services. In addition, ombudsmen will work to increase the resolution rate to 95 percent or higher.

Goal 3. Increase the rate of informing residents about means of obtaining services.

Goal 4. Promote community education via the development of citizens' organizations.

Goal 5. Provide training to ombudsman representatives in the areas of volunteer development, area plan goals and objectives, and new initiatives developed by the Centers for Medicare/Medicaid Services.

Goal 6. Promote in-service education to facilities in the areas of resident rights, prevention of abuse, stress management, and caring for the resident. This will be done by the AAAs sending letters to nursing facilities to encourage utilization of this program. Each AAA plans to increase the number of education sessions by utilizing volunteers.

Goal 7. Begin making quarterly visits to residents in nursing homes and bi-annual visits to residents in assisted living facilities. This will continue over the next 4 years with continued increases in visits until monthly visits are made in nursing homes.

Goal 8. Promote issues advocacy (with considerable attention given to admission contracts and practices) by each AAA choosing a prevalent issue that negatively affects residents and working to obtain changes that will make life better for residents.

Goal 9. Facilitate public comments on laws, rules and regulations by establishing a committee to educate the public and obtaining comments on any laws, rules and regulations that affect the residents in nursing homes and assisted living facilities.

Goal 10. Continue to work with resident and family councils and in areas where there are no resident and/or family councils, local ombudsmen will work to implement them. Ombudsmen will also try to work with assisted living facilities to develop councils over the next 4 years.

State Health Insurance Programs (SHIP)

The State Health Insurance Program (SHIP) is a partnership with the Centers for Medicare and Medicaid Services, ADSS, and the AAAs. The program provides community education, counseling, and information about Medicare and other health insurance, Medigap, Medicare Advantage, long-term care insurance, Medicaid eligibility, benefits, claims filing, supplemental coordinated care plans, and other health insurance benefit information. The goal is to assist older adults in Alabama and their families in making informed choices regarding insurance benefits.

Under this program, the provision of information, counseling, and assistance constitute the core activities. The services also include the provision of objective counseling based upon a person's specific circumstances. These activities may involve establishment of individual and group counseling sessions at senior centers or other forums such as telephone counseling assistance. The SHIP program also includes the provision of assistance to individuals by referring them to appropriate federal, state, and local agencies. These services are at no cost to the individual.

Closely related to the SHIP program is the Senior Medicare Patrol program (Medi$mart). The *Senior Medicare Patrol* program is intended to recruit, train, and support retired professionals, older persons, and service providers to serve as expert resources and educators for Medicare beneficiaries. The Medi$mart program also aims to strengthen community coalitions of older persons and service providers and to assist senior citizens to help combat health care waste, fraud, and abuse. The Senior Medicare Patrol project targets the recruitment and training of senior volunteers on basic information about Medicare and Medicaid, allowing them to help seniors identify and appropriately refer suspected waste, fraud, and abuse in these programs. Funding for this program is subject to a three-year competitive federal grant as funding permits.

The SHIP and Medi$mart programs place an emphasis on volunteer recruitment, education, and retention. The number of volunteers has not changed significantly over past years. Part of the challenge in volunteer recruitment is within the many rural areas of the state where the educational levels are not as high as other more populated areas and poverty is prevalent. Many potential volunteers are not comfortable with counseling or computers; however, the willingness to assist a neighbor has been a hallmark quality of the South. Efforts will be made to conduct outreach and education in rural communities as well as volunteer recruitment. In order to attract more volunteers to these programs, ADSS will develop three levels of volunteer training (i.e., beginning, intermediate, and advanced) as well as a reference manual for counselor use. Statewide training and regular updates will also be conducted throughout the four-year period.

The current open enrollment for Medicare Part D has shown that Alabama seniors, especially those in low-income rural communities, prefer a local face for the Part D program versus navigating the national Part D computer maze. By finding, recruiting, and retaining local volunteers, SHIP regional coordinators will build stronger relationships within these rural, hard-to-reach communities. No matter what level of volunteer is recruited, more outreach and

counseling opportunities will be created simply because the "fear factor" of a national program will be removed.

The lack of internet availability and appropriate technology for internet-based counseling within the SHIP and Medi$mart programs is also a challenge. Approximately 22 percent of the 350 senior centers in Alabama, which serve as local counseling centers, have computers. Less than 16 percent of the 77 senior centers with computers have internet service. As a result, the number of counselors trained on enrollment assistance varies depending on the location in the state. In rural areas, less than 25 percent of the volunteers are familiar with internet-based counseling. In urban areas, the number is higher, with nearly 60 percent reported being somewhat familiar with internet-based counseling.

Program goals for State Health Insurance Programs during Fiscal Years 2007-2010 are:

Goal 1. Continue to recruit and train volunteers in order to provide counseling, outreach, and educational services to Alabamians.

Goal 2. Strengthen reporting and quality assurance programs to ensure services meet minimum standards and track program successes.

Goal 3. Strengthen partnerships with agencies and other organizations providing services related to Medicare at the federal, state, and local levels.

Goal 4. Participate in more education, outreach, and counseling events at senior centers and expand these opportunities to faith-based and community organizations. Develop plans and programs specifically geared to the rural and underserved in Alabama for outreach and educational events.

Goal 5. Educate the general public through utilization of the media and internet.

Elder Abuse

ADSS is funded through the OAA to operate an elder abuse prevention program. Ten of the 13 AAAs utilize this service in conjunction with the ombudsman program to identify and prevent fraud and abuse; the remaining AAAs contract with various entities to provide training to professionals and seniors. Two AAAs have coordinated with the Alabama State Nurses Association to provide training to the community. In addition, Alabama coordinated with the Montgomery County Extension Office to assist them in providing training on exploitation. All Ombudsmen programs train facility staff on elder abuse prevention. ADSS also works with the staff of long-term care facilities and other professionals to provide education on the identification and prevention of elder abuse.

The Alabama Department of Human Resources (ADHR) and the Bureau of Health Provider Standards (BHPS) within ADPH have the responsibility for investigating occurrences and allegations of elder abuse. Any reports of abuse (or suspected abuse) received by ADSS are promptly turned over to ADHR and BHPS.

The Alabama Criminal Justice Information Center (ACJIC) released a new website in Fiscal Year 2006 called AlaSafe.gov through which family members and caregivers of Alabamians suffering from Alzheimer disease or other forms of dementia may proactively share identifying information with Alabama law enforcement agencies statewide. The goal of this system is to provide needed information to law enforcement agencies so they can more quickly identify, confirm, and return these individuals to their families or caregivers. ADSS is working with the Alabama Aging Network to help those interested in AlaSafe.gov sign up and use the program.

A program goal for the elder abuse service during Fiscal Years 2007-2010 is:

Goal 1. Work in conjunction with social service agencies and healthcare organizations to educate professionals and elected officials on prevention of elder abuse and to provide training materials to the general public.

Long-Term Care / Home and Community-Based Services

Elderly and Disabled Medicaid Waiver (Title XIX)

The Elderly and Disabled Medicaid Waiver program is designed to provide services to seniors and disabled individuals whose needs would otherwise require services in a nursing home. Our goal is for clients to retain their independence by providing services that allow them to live in their own homes for as long as possible.

There is no age requirement for the Title XIX Elderly and Disabled Waiver program. To qualify, a client or recipient must be financially eligible for Medicaid and meet the program's or nursing home's level of care requirements. As clients are accepted into this program, case managers work with the client to develop a personalized plan of care based upon the client's needs and choices. Allowable services include case management, homemaker, personal care, respite care, adult day health, companion services, and frozen home-delivered meals.

Program goals for the Elderly and Disabled Waiver program during Fiscal Years 2007-2010 are:

Goal 1. Streamline/improve access to services that allow seniors to live in a safe and healthy home environment as an alternative to nursing home placement.

Goal 2. Seek annual increases in Elderly and Disabled Waiver funding to expand the resources available for the home- and community-based service needs of the growing older population.

Goal 3. Develop and implement the Cash and Counseling Program to allow seniors t he opportunity to have consumer directed choice and control over their home- and community-based services.

Adult Day Care

Through adult day care, services for the personal care of dependent adults in a supervised, protective, congregate setting are provided during a portion of a twenty-four hour day. Services offered in conjunction with adult day care/adult day health typically include: social and recreational activities, training, counseling, meals for adult day care, and services such as rehabilitation, medications assistance, and home health aide services for adult day health. Adult day care may be funded through the OAA or through the Title XIX Elderly and Disabled Waiver program.

A program goal for the adult day care service during Fiscal Years 2007-2010 is:

Goal 1. Provide more skilled adult day health for clients that are incontinent or require skilled care.

Case Management

Case management is defined as assistance either in the form of access or care coordination in circumstances where the older person and /or their caregivers are experiencing diminished functioning capacities, personal conditions, or other characteristics that require the provision of services by formal service providers. Activities of case management include: assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up, and reassessment as required. This service is provided on an individual, one-on-one contact basis between a service provider and a client. Case management may be funded through the OAA or through the Title XIX Elderly and Disabled Waiver program.

A program goal for the case management service during Fiscal Years 2007-2010 is:

Goal 1. Developing general case managers for the AAAs that are able to manage the entire range of services provided through the AAA.

Governor's Task Force to Strengthen Alabama Families

ADSS is an active member of this task force, which was established by the Governor in 2003. This task force is responsible for evaluating the priorities, structure, and cost efficiency of Alabama's current health and human services system as a basis for recommending a more effective strategy for meeting the state's human services goals in the future. At-risk families seeking state assistance often have multiple, complex issues and need the services of more than one agency and program. Having service options available to them from public and private organizations, families are often confused about how best to proceed in obtaining information on available services and beginning service delivery.

The project's goal is to tell families there is "no wrong door" for learning more about available programs and services. Upon completion of this project, families will have access to information regardless of which agency they contact first. The task force is currently testing a

redesign of the physical health and human services delivery system to provide holistic, "one stop" services to clients. The proposed system will enable all State health and human service agencies' staff to identify the needs of the whole family during initial intake and assessment. The task force is working to more effectively link parents, businesses, civic and service groups, schools, the justice system, religious organizations, community volunteers, and local non-profits. During the current pilot project, six state agencies will be technologically linked through the use of a common benefits and services eligibility screening instrument, which will be accessed by State staff using existing computers. At the conclusion of the pilot project, the task force supports the creation of a family services center in each of Alabama's 67 counties.

Other Special Grants and Activities

Aging and Disability Resource Centers

The U.S Administration on Aging and the Centers for Medicare and Medicaid Services jointly awarded 43 grants to states for the purpose of developing Aging and Disability Resource Centers (ADRC). Each ADRC is locally driven and becomes part of a nationwide network of consumer directed "one-stop shops" that empower individuals to make informed choices regarding long-term care support programs and services. Through a single point of entry, consumers can obtain information and access to an array of local resources.

ADSS is responsible for the oversight and coordination of two ADRCs. A pilot site will be developed and operated by a six-county AAA; a second pilot site will be developed and operated by a ten-county AAA. These pilot sites will be developed in a manner that will promote streamlined access to information and referral, and access to long-term supports (LTS), both public and private.

The target population for Year 1 of the grant is seniors, age 60 and older. During Years 2 and 3, the target population will be persons age 60 and older as well as individuals with mental disabilities. Services will be expanded to include private pay and non-elderly clients.

Services provided by the two pilot sites will be expanded statewide through enhancements to ADSS's web-based *ElderConnect* system. Through a collaborative effort with partnering agencies and service providers, ADSS will improve its current management information system to support the ADRC's functions, including client intake, needs assessment, care plans, utilization, and functional and financial eligibility.

Formative and summative evaluations of measurable performance objectives related to program visibility, consumer trust, ease of access, responsiveness to consumer needs, efficiency of operations, and overall program effectiveness will be conducted at various intervals and at the conclusion of the grant.

ElderConnect Alabama

ElderConnect Alabama is a statewide information and referral system developed by ADSS in collaboration with the 13 AAAs. It standardizes the information and referral services

offered by the AAAs. The database is designed to provide a comprehensive description of services available for older adults and to promote consumer-directed choice. Each AAA contacts the service providers in its region on an annual basis to ensure the accuracy of their agencies' information in the statewide database. Service providers of aging and long-term care services in Alabama are encouraged to participate in this system. With the AAAs' assistance, ADSS will continue to provide information regarding available services to older persons and their family members.

The system became operational in October 2002, and ADSS subsequently developed in-house software to incorporate *ElderConnect* into our client tracking system. In February 2004, ADSS provided internet access to the statewide database via our agency's website. This feature enables on-line users to search the resource database for service providers in their region. In the Fall of 2005, ADSS added a client assessment tool to *ElderConnect's* internet application, which enables the user to identify his/her care needs. The system subsequently produces a list of service providers that may meet the user's needs. Trained Information and Referral Specialists are available at each AAA to educate seniors and caregivers about home- and community-based services using the *ElderConnect* database.

Resources for Enhancing Alzheimer's Caregiver Health (REACH)

As part of the Alzheimer's Disease Demonstration Grants to States Program (ADDGS), the Resources for Enhancing Alzheimer's Caregiver Health (REACH) Project is geared towards the caregivers of dementia patients. The REACH Project's overall goal is to increase the knowledge, skills, and general well-being of dementia caregivers. Since its July 2004 implementation, the REACH Project has shown increased success each year; four AAAs are involved in the project.

Currently in the grant's second year, REACH client numbers continue to increase with a total of 100 clients having received REACH as a direct service. The project's final report findings will help future programs, similar to REACH, determine which aspects of the program caregivers found most beneficial and how these aspects may be further enhanced. Also, as a wealth of data does not currently exist specifically relating to dementia caregivers, the information gathered during the course of this project will shed some light on those caregiving issues most affecting this particular segment of the population.

Program goals for the Resources for Enhancing Alzheimer's Caregiver Health grant during Fiscal Years 2007-2010 are:

Goal 1. Continue to disseminate Dementia Education and Training Act (DETA) materials to all of the caregiver families involved in the project, to inform them of available telephone supportive services, and to provide information on where to find dementia education materials.

Goal 2. Increase Caring Team participation in project service areas to help and support caregivers.

Goal 3. Continue to update service provider information in the ElderConnect statewide database, particularly dementia materials, in an effort to inform the general public of the Alzheimer resources available to them.

Goal 4. Continue to introduce the Leadership Institute to one new pilot area annually.

Goal 5. Continue to recruit interested caregivers to the REACH program.

At the conclusion of the grant, the REACH project will be incorporated into the Alabama Cares program, offered by the AAAs, as an additional service. Where possible, the AAAs will also continue to host their Leadership Institutes where advocacy and education on behalf of senior issues is encouraged. By attaining these goals, ADSS will help to ensure that caregivers of dementia are being considered in the planning and implementation of aging services, the needs of the caregiver are being met, and the caregiver can in turn better care for their loved one.

Disaster Relief

ADSS continues to focus on improving its disaster relief efforts in order to be better prepared and organized in the face of an impending emergency or disaster. ADSS's current focus areas for disaster relief are: the implementation of the safe center concept, more up-to-date and in-depth emergency/disaster plans, and the formation of partnerships with emergency management personnel throughout the state.

The safe center concept is a system that would provide day respite for senior citizens during times of disaster. Generators will be working to provide electricity that may not be available post disaster. Washers and driers, shower facilities, and shelf stable meals will also be available in these centers. These safe centers have several distinct design features that make the concept unlike anything else that has been tried in the country. Two of these features include the building being able to withstand hurricane force winds and a distinct roof color making the center easily identifiable.

ADSS is also working with and following the Administration on Aging's guidelines for creating a more updated and detailed emergency/disaster plan. The updated plan will include information on the delegation of specific tasks to department personnel, and will provide a template for AAA emergency and disaster plans to follow.

Finally, the department is continuing to develop partnerships with agencies such as ADPH, ADHR, Alabama Red Cross, Alabama EMA, and Alabama National Guard. With the formation and strengthening of these partnerships, ADSS will have a seat at the table for discussions and decisions made concerning response and recovery. ADSS is on the way to becoming an agency that others can look to as a national model on how the country's senior citizens should be included in emergency and disaster planning as they are such a vital part of the nation's population.

Program goals for ADSS's disaster relief efforts during Fiscal Years 2007-2010 are:

Goal 1. Continue to establish new safe centers in Alabama.

Goal 2. Develop a template for a more detailed emergency/disaster plan which the area agencies on aging will use to revise their respective plans.

Goal 3. Form and strengthen partnerships with Alabama's emergency management personnel.

Cash and Counseling

Through current waiver services, many elderly and disabled Medicaid recipients receive assistance with personal care, housekeeping, and meal preparation. However, these clients have no choice or control over when the services are provided, who provides the service, and how they are provided. Under a new initiative called the Cash and Counseling Program, older adults and adults with disabilities who receive Medicaid will have more flexibility and control over the delivery of their personal care services.

Clients are provided a monthly allowance which they use to determine what services they need. They may choose to hire a family member or a friend to help with their care or they may wish to save money for equipment purchases. An individual budget is developed to help them manage the allowance. Counselors are available for guidance through the process.

This program is being made possible through a grant ADSS received from the Robert Wood Johnson Foundation in October 2004. It is designed as a demonstration grant to be conducted through a seven-county AAA in west Alabama. As a complement to this program, ADSS will be assisting in the design of a web-based application that will be utilized by providers, participants, and financial support brokers to help manage the flow of information that will be necessary to ensure the program's success.

During Fiscal Years 2007-2010, the major goals of this project will be to receive CMS approval to begin program operation and to enroll an adequate number of program participants. Because this is a new type of program, there will be a learning curve for both participants and staff. A significant amount of training will be necessary as well as the development of a new tracking methodology to monitor the program.

Program goals for the Cash and Counseling grant during Fiscal Years 2007-2010 are:

Goal 1. Receive approval from CMS to begin operation of the Cash and Counseling program.

Goal 2. Identify an adequate number of clients to participate in this program.

Goal 3. Provide Cash and Counseling services to clients living in a 7-county region in west Alabama.

United We Ride

The State of Alabama was named as a recipient of the United We Ride State Coordination Grant which will help Alabama to better focus on developing a plan for coordinated human service transportation. ADSS will play a key role in the implementation of this program as mobility is essential for those individuals who wish to live independently. According to the Administration on Aging, projected increases in the number of the nation's seniors will result in the mobility of this population segment being of great concern for society in the future. Currently, studies show that driving and the use of the public transit systems falls dramatically as the age of an individual increases.

Using the monies awarded with the United We Ride grant, various departments within the State of Alabama have formed a United We Ride Commission, with the Executive Director of ADSS serving as commission chair. The organizations that make up this commission will work together to develop a plan to coordinate human service transportation that will improve customer access for individuals with disabilities, older adults, and individuals with lower incomes. The commission will meet at least four times annually to establish focus groups, hold town meetings/forums, and for other meetings deemed necessary to address the transportation needs of Alabama.

Transportation need areas that the United We Ride Commission will investigate to determine how to best meet the needs of Alabamians include: service area size, types of communities that are being served, the type of service needed in these communities, the level of service that is to be provided, possible funding sources, and possible coordination partners. The desired outcome is a positive change to transportation services to include: increased hours and days of service, increased overall efficiency and effectiveness of the state's transportation system, greater customer satisfaction, increased mobility for various population segments, and a better quality of life for Alabama's senior citizens.

The United We Ride Commission has already been working with area colleges to compile data and to determine the state's current transportation trends. To accomplish this, surveys were distributed to state agencies, direct service providers, contractors, and transit users. Once the survey results are received, the commission will be better able to note where revisions are needed in the coordinated system plan and to change/enhance the plan of action for the project initiative as required.

Current goals for the United We Ride initiative include: completing and approving the state plan of action for implementing human service transportation, development of an outreach plan, and the establishment of a cooperative agreement with the state's various transportation coordinators. By accomplishing these goals, the State of Alabama will have developed an education plan for coordinated human service transportation, simplified access to transportation, enhanced customer service, and reduced restrictive and duplicative laws, regulations, and programs.

Program goals for the United We Ride project during Fiscal Years 2007-2010 are:

Goal 1. Complete and approve the state plan of action for implementing human service transportation in Alabama.

Goal 2. Develop an outreach plan for the United We Ride initiative.

Goal 3. Establish a cooperative agreement with Alabama's various transportation coordinators.

Public Relations and Media Relations

ADSS strives to use public relations and media relations to communicate the department's objectives and goals to the public, promote various programs and services offered by the department through the AAAs, and gain positive media exposure for the department and the local AAAs. The overall goal for public and media relations is to empower Alabamians to identify ADSS as the primary source of information and services for Alabama's older population.

"At Your Service" is a half-hour television program offering timely and relevant information to senior citizens throughout Alabama. The program covers health, nutrition, exercise, finance, and other topics of importance. The Executive Director of ADSS appears on the program each month with updates on recent department news and services that are available to seniors. "At Your Service" is geared toward a target audience of people age 50 and older and airs weekly on Alabama Public Television, which is available in over 1.5 million homes. ADSS also provides marketing assistance by informing senior centers throughout the state of the show's air times and content.

Public relations and media relations goals during Fiscal Years 2007-2010 are:

Goal 1. Assist the AAAs with public relations and media relations activities.

Goal 2. Assist the AAAs in developing relationships with media outlets in their service areas to further promote programs and services offered.

Goal 3. Develop a brochure that gives a general overview of the department and the services it offers through the AAAs, their contractors, and local service providers. The brochure would be made available at the various conferences and events where the department has a presence and distributed through the AAAs.

Goal 4. As needed, develop brochures and other printed materials to promote specific programs and services that can be distributed to targeted groups.

Goal 5. Maintain a list of media contacts that will be used to distribute ADSS news releases statewide and to targeted local areas.

Goal 6. Continue to develop relationships with reporters so ADSS becomes one of their primary sources of information for issues relating to senior citizens.

Goal 7. Continue to develop ways to use the ADSS website as a source for news and information and provide regular updates so information on the site is current and relevant.

Goal 8. Pursue opportunities for ADSS to develop and use public service announcements, advertisements, billboards, and other forms of paid communication to promote the department.

Goal 9. Continue to partner with other state agencies, senior citizen advocate groups, and the executive and legislative branches of state government in public relations activities that are beneficial to senior citizens.

Improving and Renovating Senior Centers

ADSS has entered into agreements each year with the Alabama Department of Economic and Community Affairs (ADECA) to renovate and weatherize selected senior centers across the state. ADSS will continue to use these funds, if available, to promote energy conservation and efficiency to help reduce energy costs at senior centers.

Because many meals are provided through community-based senior centers, ADSS has secured funds with the assistance of the Alabama Department of Economic and Community Affairs (ADECA) to renovate and weatherize selected senior centers across the state. Additionally, ADSS will use funds granted by ADECA to promote energy conservation and efficiency to help reduce energy costs at senior centers. In Fiscal Year 2005, 12 senior centers were renovated using ADECA energy conservation funds.

Through a partnership between ADSS, ADECA, Alabama Emergency Management Agency, and the U.S. Administration on Aging, the new concept of a Safe Center is being implemented throughout the state. The safe center combines a senior center that will be used daily with a safe center area that will provide a place of respite for elders in the event of a disaster. The safe center concept was developed in response to community needs the state has experienced after recent hurricanes and tornadoes. After the storms, seniors did not have a safe place to which they could go to regain a sense of normalcy and to reconnect with friends.

Safe centers will be equipped with generator power and extra wall outlets that can be used to operate light medical equipment. The center will have an area for seniors in the early stages of Alzheimer disease or other forms of dementia; it will also have a satellite telephone to ensure communication after storms and other hazardous conditions as well as full showering and laundry facilities in the event seniors need to stay for an extended period of time. Trained staff and volunteers will operate the safe centers which will be stocked with appropriate supplies and shelf stable meals that will be regularly rotated. The safe center concept will serve as a model for the construction of new senior centers and the renovation of existing ones. The safe centers will have similar architecture, will be able to withstand hurricane force winds, and will have a distinct roof color making the center easily identifiable.

SECTION V

Strategic Planning, Goals, and Objectives

ADSS Strategic Planning

As mandated by Alabama Governor Bob Riley and the State Finance Office, all state government agencies are required to participate in the SMART Planning process (i.e., Specific, Measurable, Accountable, Responsive, and Transparent) every fiscal year. The primary purpose of SMART Planning is to improve agencies' performance by focusing on strategic goals, allocating limited resources to accomplish these goals, and measuring performance and results to achieve greater accountability. During Fiscal Year 2006, the Alabama Department of Senior Services (ADSS) began this process by developing mission, vision, and values statements. Agency staff identified key workload and cost factors and analyzed the agency's strengths, weaknesses, opportunities, and threats. Finally, ADSS developed goals, objectives, and performance measures for the major program areas as well as strategies and action plans to guide the achievement of agency goals and mission.

This planning process results in ADSS's SMART Plan, which serves as the blueprint for the agency's budget request and subsequent operational plan. Once a fiscal year begins, the agency submits a performance report to the State Finance Office each quarter to describe the progress made to-date on performance measures. The State Finance Office reviews and approves each State agency's SMART documents and posts them to its website for easy viewing by the general public. ADSS's Mission statement, Vision statement, and Agency Goals for Fiscal Year 2007 are identified below:

Mission Statement: ADSS's mission is to meet the needs of seniors and promote the independence and dignity of those we serve through a comprehensive and coordinated system of quality services.

Vision Statement: ADSS's vision is to help society and state government prepare for the changing aging demographics through effective leadership, advocacy, and stewardship.

Agency Goals:

- Develop, maintain, and coordinate a system of consumer responsive services.
- Coordinate home- and community-based services within a continuum of care for individuals to delay institutionalization as long as possible.
- Enhance data collection and automated systems to effectively and efficiently meet the information needs of our users.
- Leverage state resources to attract federal and other resources to the maximum extent possible.
- Coordinate the provision of high quality, targeted services to a greater number of the neediest seniors.

- Identify ADSS as the primary source for information and services for the state's older population.

- Expand and strengthen existing partnerships with other appropriate organizations and agencies.

Reauthorization of the Older Americans Act

The Older Americans Act of 1965, as amended, is up for reauthorization in 2006. Based on any resulting changes to this federal legislation once reauthorization takes place, ADSS may be required to modify its goals and objectives for Fiscal Years 2007-2010. While this State Plan was being developed, reauthorization of the Older Americans Act had not occurred.

Implementing Objectives

To assist the Administration on Aging (AoA) in meeting some of the five-year goals identified in its Fiscal Years 2003-2008 Strategic Action Plan, ADSS was required to specifically address four of these goals in this State Plan. In support of AoA's goals, the following material identifies ADSS's implementing objectives and related strategies.

Objective 1. Increase the amount of publicity, outreach, and information and referral activities in order for older persons to become more aware of available health and support services.

Proposed Strategies:

- Encourage the development of multipurpose senior centers to promote "one-stop" shopping for information and activities.

- Educate other state agencies, the general public, and elected officials on the critical need seniors have for improved access to health and social supports.

- Encourage the AAAs to develop more effective means of disseminating information to older persons, especially homebound seniors, older persons who live in isolated areas, and limited English speaking older individuals.

- Monitor the AAAs' effectiveness in enhancing their outreach and information and referral/assistance services.

- Monitor the AAAs' effectiveness in adding new clients to their programs and services, especially the young-old population.

- Encourage the AAAs to share their "best practices" with each other regarding successful outreach efforts.

- Promote the establishment of additional Aging and Disability Resource Centers throughout the state.

- Increase the publicity for the *ElderConnect Alabama* resource database to encourage older persons and their family members to access this statewide resource and to motivate service providers to regularly update their database listings.

- Apply for additional grants to support existing and future programs that will enhance the quality of life for seniors.

- Promote further development of community volunteer opportunities to encourage leadership development and program support.

- Continue modifying ADSS's website to provide user-friendly, accurate information on available programs and services.

- Develop additional partnerships with other public and private agencies and organizations to coordinate and improve access to a broader array of senior health and social support services.

Objective 2. Empower seniors to make informed decisions about their personal health in order to promote successful aging.

Proposed Strategies:

- Prepare health, safety, and wellness materials for dissemination by the AAAs to encourage older individuals to make behavioral changes that will reduce their risk of disease, disability, and injury.

- Promote the expansion of local educational programs that focus on active lifestyles and healthy behaviors for successful aging.

- Encourage the AAAs and their contractors to schedule health fairs and to promote full-service health screenings through the senior centers and other local health care providers.

- Continue working on the United We Ride initiative to provide additional transportation services to older persons, especially rural, low-income, and low-income minority seniors, in order for them to access health care services.

- Encourage the AAAs and their contractors to strengthen the rapport their staffs have developed with local healthcare professionals.

- Monitor client assessment information to determine if the AAAs' health and wellness activities are having a positive impact on seniors' self-reported health ratings and nutritional risk scores.

- Promote the establishment and expansion of walking clubs and walking trails throughout the state and encourage seniors to become more physically active.

- Encourage the AAAs to establish the Leadership Institute for Older Adults in additional regions.

- Ensure the AAAs have up-to-date emergency/disaster preparedness plans in place and have conducted emergency/disaster training with their contractors and local providers.

Objective 3. Increase the number of caregivers who receive support in caring for their family members.

Proposed Strategies:

- Monitor the AAAs' effectiveness in enhancing outreach and information and referral/assistance services, especially for the Alabama Cares, Medicaid Waiver, Cash and Counseling, and REACH programs.

- Encourage the AAAs and other organizations in their respective service areas to develop additional caregiver support groups.

- Educate the general public and elected officials on the need for additional family caregiver assistance and the importance of helping families maintain their loved ones at home for as long as possible.

- Promote the expanded use of emergency response systems for homebound clients which will assist and give peace of mind to caregivers who do not live with their care recipients.

- Encourage the AAAs to expand in-home services for homebound clients and caregivers.

- Apply for additional grants to expand the Alabama Cares and REACH programs in order to provide services to additional caregivers.

- Encourage the AAAs to expand the use of volunteers who will assist with the Alabama Cares and REACH programs, especially for homebound clients.

Objective 4. Increase the number of older persons who receive Ombudsman, legal assistance, and elder abuse prevention services.

Proposed Strategies:

- Develop additional educational campaigns on available programs that protect seniors against elder abuse, neglect, and exploitation.
- Develop additional partnerships with state agencies and other organizations to collaborate on new consumer protection, elder rights, and elder abuse prevention initiatives.
- Encourage the AAAs to develop training sessions and other publicity campaigns on the prevention and detection of elder abuse, neglect, and exploitation for the general public, nursing homes' resident and family councils, and long-term care facility staff.
- Encourage the AAAs to work closely with local law enforcement officials on educational campaigns regarding elder rights and elder abuse prevention.
- Encourage the AAAs' legal assistance providers to prioritize legal services based on the priority tiers established in ADSS's Legal Services Standards.
- Promote the development of community legal clinics utilizing volunteer attorneys to expand legal services for older persons.

Additional Implementing Objectives

The following material contains ADSS's implementing objectives and possible strategies to satisfy additional AoA requirements for this State Plan.

Objective 5. Collaborate with the Administration on Aging as it pilots Choices for Independence, which aims to strengthen the nation's capacity to promote the dignity and independence of older persons and to meet the challenges associated with the aging of the baby boom generation.

Proposed Strategies:

- Apply for a Choices for Independence demonstration grant to further promote consumer-directed and community-based long-term care options.
- Promote the AAAs' dissemination of long-term care planning materials in their respective service areas.

- Encourage the AAAs to adopt cash and counseling models in order for consumers to have more control over the care they receive.

- Promote the AAAs' dissemination of healthy lifestyle materials such as nutrition, physical activity, falls prevention, and chronic disease self-management.

Objective 6. Develop more service options for high-risk individuals in order for them to remain in their homes for as long as possible.

Proposed Strategies:

- Receive funding for and complete ADSS's work on the Cash and Counseling demonstration grant, which is being piloted in a seven-county region in the state.

- Determine if ADSS will replicate the Cash and Counseling model statewide.

- Provide information and access to an array of local resources through the Aging and Disability Resource Center grant.

- Apply for a Money Follows the Person grant, as available, to provide Medicaid beneficiaries with assistance in paying for home- and community-based services during the twelve-month period following discharge from a hospital, nursing home, or other long-term care facility.

Objective 7. Collaborate with the Alabama Department of Public Health and other partners to implement additional evidence-based health promotion and disease prevention programs.

Proposed Strategies:

- Confirm and influence the coordinated vaccination of seniors, particularly for influenza and pneumonia.

- Encourage the AAAs to expand the PACE program (People With Arthritis Can Exercise), which involves training PACE instructors to lead group exercises specifically designed for people with arthritis.

- Promote the AAAs' dissemination of You Can! Campaign and Body Recall materials in their respective service areas.

- Distribute evidence-based health promotion and disease prevention program materials to the AAAs for subsequent dissemination to senior centers, senior housing projects, faith-based organizations, and other service providers. These

materials will focus on chronic disease self-management, falls prevention, exercise, and nutrition.

- Cooperate with ADPH in the Steps to a Healthier Alabama demonstration project.

Objective 8. Increase the number of older persons who will receive information concerning benefits available to them under the Medicare Modernization Act.

Proposed Strategies:

- Continue to support the AAAs in providing one-on-one insurance counseling services to older persons.

- Encourage the AAAs to recruit and train additional volunteer counselors to assist Medicare beneficiaries with comparing and enrolling in Medicare Part D plans and to provide other insurance counseling assistance.

- Continue to provide training to the AAAs in effectively utilizing the media (e.g., radio, newspapers, television) to encourage seniors' enrollment in Medicare Part D plans and to provide other public information and educational events regarding available Medicare benefits.

- Apply for additional grants to expand the existing SHIP program (State Health Insurance Assistance Program) in order to provide insurance counseling to a greater percentage of the older population.

- Encourage the AAAs to develop additional partnerships with public and private organizations to provide on-going counseling and assistance to Medicare beneficiaries, especially for low-income, rural, and limited English speaking seniors.

- Develop materials on pre-retirement planning for dissemination by the AAAs.

Objective 9. Provide input to Medicaid long-term care efforts related to the Deficit Reduction Act, particularly the "Money Follows the Person" initiative.

Proposed Strategies:

- Share ADSS's expertise gained through the Cash and Counseling grant in state and national discussions regarding the development of new Medicaid long-term care initiatives.

Objective 10. Utilize the Federal Transit Administration's toolkit and other resources to expand transportation services for older persons in Alabama.

Proposed Strategies:

- Develop a transportation-specific statewide needs assessment instrument using the Federal Transit Administration's toolkit and other available resources.
- Continue ADSS's involvement in the United We Ride initiative to provide free/low-cost transportation services to additional older persons, especially rural, low-income, and low-income minority seniors.
- Encourage the AAAs to contract with community organizations to expand transportation services to seniors for such activities as: senior centers, shopping, medical appointments, and other community activities.

Objective 11. Support the continuation of healthy competition for the financing and provision of Older Americans Act services.

Proposed Strategies:

- Continue to encourage the AAAs to issue Requests for Proposals or Memoranda of Understanding, as appropriate, for their Title III contracts.
- Encourage the AAAs to develop performance-based Title III contracts where appropriate.
- Continue to grant waivers to the AAAs, where appropriate, for the direct delivery of Title III services.
- Assess the AAAs each fiscal year to determine if they are adhering to the terms of their Area Plans on Aging, especially in terms of contract management and monitoring.
- Encourage the AAAs to distribute client satisfaction surveys as part of their Title III contract monitoring efforts.

White House Conference on Aging

To support the 2005 White House Conference on Aging, the Alabama Department of Senior Services conducted two listening sessions which were officially designated as independent aging agenda events. These events were held on October 18, 2004 and April 28, 2005. The general public was invited to attend these events in order to provide input to the 2005 White House Conference on Aging (WHCoA) from the State of Alabama. As a result of

feedback received from the general public at these events, nine of Alabama's resolutions successfully reached the final "Top 50" list of WHCoA resolutions. The list below contains the "Top 20" WHCoA resolutions:

- Reauthorize the Older Americans Act within the first six months following the 2005 White House Conference on Aging.
- Develop a coordinated, comprehensive long-term care strategy by supporting public and private sector initiatives that address financing, choice, quality, service delivery, and the paid and unpaid workforce.
- Ensure that older Americans have transportation options to retain their mobility and independence.
- Strengthen and improve the Medicaid program for seniors.
- Strengthen and improve the Medicare program.
- Support geriatric education and training for all healthcare professionals, paraprofessionals, health profession students, and direct care workers.
- Promote innovative models of non-institutional long-term care.
- Improve recognition, assessment, and treatment of mental illness and depression among older Americans.
- Attain adequate numbers of healthcare personnel in all professions who are skilled, culturally competent, and specialized in geriatrics.
- Improve state and local based integrated delivery systems to meet 21st century needs of seniors.
- Establish principles to strengthen Social Security.
- Promote incentives for older workers to continue working and improve employment training and retraining programs to better serve older workers.
- Develop a national strategy for supporting informal caregivers of seniors to enable adequate quality and supply of services.
- Remove barriers to the retention and hiring of older workers, including age discrimination.
- Create a national strategy for promoting elder justice through the prevention and prosecution of elder abuse.

- Enhance the affordability of housing for older Americans.
- Implement a strategy and plan for accountability to sustain the momentum, public visibility, and oversight of the implementation of 2005 WHCoA resolutions.
- Foster innovations in financing long term care to increase options available to consumers.
- Promote the integration of health and aging services to improve access and quality of care for older Americans.
- Encourage community designs to promote livable communities that enable aging in place.

Area Plans on Aging

According to Section 306 of the Older Americans Act of 1965, as amended, each Area Agency on Aging (AAA) is required to develop a comprehensive, multiyear area plan for actions to meet the needs of the older individuals in its PSA. ADSS establishes a uniform format for the area plans and requires the AAAs to submit four-year area plans for approval. ADSS also requires each AAA to develop an annual operating element per fiscal year for its work in coordinating and developing services under the area plan.

As a prerequisite to developing its area plan on aging, each AAA continually collects and updates information regarding the status of the older population in its PSA. This information includes census data; studies made on a statewide basis; and other indicators, such as information developed by Chambers of Commerce, United Way agencies, and perhaps market researchers. The views of older persons are sought through advisory council meetings, surveys, public hearings, and other public meetings. ADSS requires each AAA to conduct a public hearing specifically on the proposed area plan; these public hearings are intended to obtain feedback from the general public regarding the AAA's goals and objectives included in the area plan for the next four-year period.

ADSS reviews and approves all AAA budgets each year. Funds are allocated and expended according to the intrastate funding formula described in Section VII of this plan. OAA funds are not used to supplant funds from other sources. Before additional funds are distributed to an AAA, the AAA must assure ADSS with a written plan that services will be increased before such funds are distributed. Assurances related to Title III, Title V, and Title VII and related activities are found in Section VIII of this State Plan.

Program Reporting

Every fiscal year, the AAAs are required to update their Title III client demographics information in ADSS's Aging Information Management System (AIMS) based on the clients' responses to questions on the Client Intake Form and Caregiver Intake Form (i.e., for the

Alabama Cares program). The AAAs are also responsible for entering data into AIMS regarding the number of Title III service units that were delivered in their regions; they are also required to either link each service unit to a specific client or enter these service units as an aggregate service (i.e., client is unknown). ADSS monitors these service units and client demographic information on a quarterly basis, both for in-state reporting and AAA monitoring purposes.

ADSS ensures the service units are as accurate as possible by distributing Title III service definitions to the AAAs and recommends that the AAAs include these definitions in their contracts with local providers. At the end of each fiscal year, ADSS compares the AAAs' actual service units and number of persons served to their projected performance indicators. Using these comparisons and the AAAs' projections for the subsequent fiscal year, ADSS makes better educated program forecasts.

Assessment Process

Based on each AAA's 4-year Area Plan on Aging and fiscal year specific Annual Operating Elements (i.e., contains program goals), ADSS conducts program and fiscal monitoring of each AAA on an annual basis. ADSS uses standardized procedures for monitoring functions and modifies them as necessary to meet new federal and/or state reporting requirements.

ADSS will monitor each AAA's AoA-funded activities to ensure compliance with applicable Federal requirements and that performance goals are being achieved. Our monitoring activities will cover each program, function, and activity and will include on-site verification at a minimum of once every two years. This on-site monitoring will include but not be limited to: verification of grant supported activities, discussion of staffing and procedural issues, and review of subgrantee monitoring activities. Annual monitoring activities will include, but not be limited to, the following: periodic review and verification of quarterly and annual expenditure reports and program performance reports; periodic telephone interviews; comparison of budgeted versus actual; corrective action reports, if necessary; and other desktop review and verification activities.

Public Hearings

ADSS hosts a public hearing every fiscal year on all activities carried out under the State Plan. On June 12, 2006 ADSS hosted a public hearing on this proposed State Plan. Notices for the public hearing were sent to newspapers throughout the state. This State Plan was also available for review and comment on ADSS's website.

SECTION VI

NETWORK DEVELOPMENT AND MAINTENANCE

COORDINATION

PRINCIPLE: The Alabama Department of Senior Services (ADSS) will establish and maintain cooperative arrangements with each appropriate State agency with respect to mutual involvements in responsibilities for serving older persons.

RESOURCE DEVELOPMENT

PRINCIPLE: ADSS will attract other public and private resources into serving the needs of older persons.

POLICY DEVELOPMENT

PRINCIPLE: ADSS will establish policies, as appropriate, to guide the development and implementation of long-term care programs serving older persons under the Older Americans Act in Alabama.

MONITORING, ASSESSING, AND EVALUATING

PRINCIPLE: ADSS will monitor, assess, and evaluate on a regular basis the activities of ADSS, the activities of other agencies, the activities of the AAAs, and the activities of ADSS's contractors under the provisions of the Older Americans Act.

TECHNICAL ASSISTANCE

PRINCIPLE: ADSS will provide technical assistance, as needed and requested, to other agencies, the Legislature, private organizations, the AAAs, and ADSS's contractors.

EDUCATION AND TRAINING

PRINCIPLE: ADSS will provide or arrange for the provision of appropriate education and training activities in support of its programs and services.

INFORMATION SYSTEMS

PRINCIPLE: ADSS will continue to provide leadership in analyzing management information systems needs and determining the enhancements and expansions required to meet those needs.

PUBLIC INFORMATION

PRINCIPLE: ADSS will increase the flow of specifically directed public information concerning older persons, their needs, and the services available to them.

SECTION VII

ALLOCATION OF FUNDS AND INTRASTATE FUNDING FORMULA

STATE AGENCY OPERATING BUDGET FOR FISCAL YEAR 2006

TOTAL RESOURCES TO BE USED FOR STATE AGENCY ADMINISTRATION

PROGRAM	FEDERAL	STATE	OTHER	TOTAL
Title III State Administration	$ 848,371	$ 282,790		$ 1,131,161
Title III LTC Ombudsman [1]	$ 50,843	$ 8,972		$ 59,815
Other OAA Funds	$ 112,014	$ 49,726		$ 161,740
Other Federal Funds:				
Title XIX – Medicaid Waiver	$ 241,754	$ 241,754		$ 483,508
Title XIX – SHIP	$ 36,937	$ 0		$ 36,937
Cash and Counseling	$ 125,442	$ 0		$ 125,442
Nursing Facility Transition Grant	$ 33,676	$ 34,726		$ 68,402
Medicaid Ombudsman Program	$ 10,000	$ 0		$ 10,000
ADRC-CMS	$ 46,334	$ 2,438		$ 48,772
State Revenue Funds	$ 0	$ 0		$ 0
Local Public Funds	$ 0	$ 0		$ 0
TOTAL RESOURCES TO BE USED	**$ 1,505,371**	**$ 620,406**	**$0**	**$ 2,125,777**

[1] Title III supportive services funds (Part B) are used directly by the Alabama Department of Senior Services for the purpose of operating the Long Term Care Ombudsman Program.

STATE AGENCY: Alabama Department of Senior Services

STATE: Alabama
FISCAL YEAR: 2006
TITLE III AND TITLE VII ALLOTMENTS

	State Agency Administration ($)	TITLE III ALLOTMENTS							TITLE VII ALLOTMENTS			TOTAL ALLOTMENTS ($)
		PART B ($)	PART C1 ($)	PART C2 ($)	PART D ($)	PART E ($)	OMBUDSMAN PROGRAM ($)	TITLE III TOTAL ALLOTMENTS ($)	OMBUDSMAN ALLOTMENTS ($)	ELDER ABUSE ALLOTMENTS ($)	TITLE VII TOTAL ALLOTMENTS ($)	
Formula Allotments	-	5,351,885	6,060,670	2,853,143	335,701	2,366,027	-	16,967,426	235,469	80,726	316,195	17,283,621
Increases	-	-	-	-	-	-	-	-	-	-	-	-
Reductions	-	-	-	-	-	-	-	-	-	-	-	-
Revised Allotments	-	5,351,885	6,060,670	2,853,143	335,701	2,366,027	-	16,967,426	235,469	80,726	316,195	17,283,621
State Administration	848,371	(267,594)	(303,034)	(142,657)	(16,785)	(118,301)	-	-	-	-	-	-
Ombudsman Support	-	(50,843)	-	-	-	-	50,843	-	-	-	-	-
Titles III, VII State Administration	(848,371)	-	-	-	-	-	(50,843)	(899,214)	-	-	-	(899,214)
Transfer from Part B to Part C-1	-	-	-	-	-	-	-	-	-	-	-	-
Transfer from Part C-1 to Part C-2	-	-	(504,383)	504,383	-	-	-	-	-	-	-	-
Title III and Title VII Funds for Allocation to Planning and Service Areas	-	5,033,448	5,253,253	3,214,869	318,916	2,247,726	-	16,068,212	235,469	80,726	316,195	16,384,407

STATE AGENCY: Alabama Department of Senior Services

STATE: Alabama
FISCAL YEAR: 2006
STATE PROGRAM ALLOCATIONS BY PLANNING AND SERVICE AREA

PSA	SHORT TITLE	FORMULA SHARE (Base %)	FORMULA SHARE (Above Base %)	TITLE III FEDERAL FUNDS AWARDED	TITLE III STATE MATCHING FUNDS AWARDED	NON-TITLE III FUNDS										TOTAL FUNDS AWARDED
						TITLE VII FUNDS AWARDED	STATE MATCH FOR TITLE VII AWARDED	NSIP FUNDS AWARDED (1)	AGING AND DISABILITY RESOURCE CTR FUNDS AWARDED	CASH AND COUNSELING FUNDS AWARDED	ALZHEIMER INTERVENTION FUNDS AWARDED	TITLE V SENIOR WORKER FUNDS AWARDED	TITLE XIX SHIP FUNDS AWARDED	MEDICAID OMBUDSMAN FUNDS AWARDED	TITLE XIX AND MATCHING STATE FUNDS AWARDED	
1	Northwest AL	6.060977	6.455107	996,165	68,851	19,165	1,128	151,703	0	0	0	97,192	31,247	37,857	1,579,762	2,983,070
2	West AL	7.475528	6.191245	1,199,801	84,918	23,638	1,390	161,204	0	88,275	0	124,961	29,970	46,205	2,470,000	4,230,362
3	Middle AL	6.496983	8.236533	1,064,986	73,803	20,543	1,209	180,265	0	0	0	0	39,870	37,649	1,279,070	2,697,395
3A	OSCS	12.356699	12.239858	1,925,093	140,368	39,071	2,299	321,272	0	0	0	159,672	59,249	69,669	4,783,139	7,499,832
4	East AL	11.314330	12.178537	1,774,205	128,528	35,776	2,104	342,651	46,212	0	0	166,615	58,952	73,284	2,471,990	5,100,317
5	South Central	5.580100	3.415696	916,772	63,389	17,644	1,038	149,722	29,074	0	0	0	16,534	27,925	1,766,971	2,989,069
6	ATRC	9.599514	6.470265	1,507,757	109,047	30,353	1,786	285,165	0	0	65,304	166,615	31,320	41,773	4,058,815	6,297,935
7	Southern AL	7.885960	7.810319	1,264,396	90,758	24,935	1,466	208,241	0	0	65,303	0	37,807	45,422	2,685,568	4,423,896
8	South AL	9.881020	11.617792	1,565,178	112,245	31,244	1,838	234,396	0	0	65,303	249,921	56,238	61,808	3,363,383	5,741,554
9	Central AL	6.154505	5.914734	1,007,931	71,385	19,460	1,144	125,741	0	0	0	0	28,631	40,192	2,029,900	3,324,384
10	Lee-Russell	3.417153	2.675331	601,683	38,817	10,805	635	70,623	0	0	0	62,480	12,950	18,655	1,362,644	2,179,292
11	NARCOG	5.040204	5.400550	845,173	57,255	15,937	937	121,073	0	0	0	76,365	26,142	31,116	1,557,300	2,731,298
12	Top of AL	8.737027	11.394033	1,399,072	99,249	27,624	1,626	254,845	0	0	65,303	138,845	55,154	58,445	3,986,363	6,086,526
	TOTAL:	100.000000	100.000000	16,068,212	1,138,613	316,195	18,600	2,606,901	75,286	88,275	261,213	1,242,666	484,064	590,000	33,394,905	56,284,930

(1) The awarding of NSIP funds - based on eligible meals served - can only be estimated.

STATE AGENCY: Alabama Department of Senior Services

STATE: Alabama
FISCAL YEAR: 2006
TITLE III DISTRIBUTIONS BY PLANNING AND SERVICE AREA

PSA	SHORT TITLE	AREA PLAN ADMINISTRATION PART B ($)	SUPPORTIVE SERVICES PART B ($)	NUTRITION SERVICES		PREVENTIVE HEALTH PART D ($)	AREA PLAN ADMINSTRATION PART E ($)	CAREGIVER SERVICES PART E ($)	TOTAL TITLE III ($)
				CONGREGATE PART C-1 ($)	HOME-DELIVERED PART C-2 ($)				
1	Northwest AL	105,463	221,002	348,969	164,282	19,329	14,509	122,611	996,165
2	West AL	105,199	272,581	400,903	232,134	23,841	13,916	151,227	1,199,801
3	Middle AL	107,248	236,900	224,851	325,322	20,720	18,513	131,432	1,064,986
3A	OSCS	111,259	450,564	554,078	492,303	39,407	27,511	249,971	1,925,093
4	East AL	111,197	412,556	604,247	353,864	36,083	27,373	228,885	1,774,205
5	South Central	102,418	203,468	305,559	166,971	17,796	7,677	112,883	916,772
6	ATRC	105,478	350,029	461,704	351,194	30,614	14,543	194,195	1,507,757
7	Southern AL	86,821	307,547	501,267	166,526	25,150	17,555	159,530	1,264,396
8	South AL	110,635	360,293	568,913	267,824	31,512	26,112	199,889	1,565,178
9	Central AL	79,922	249,413	354,354	166,817	19,628	13,294	124,503	1,007,931
10	Lee-Russell	101,676	124,600	196,747	92,621	10,898	6,013	69,128	601,683
11	NARCOG	104,407	183,782	285,283	141,528	16,074	12,138	101,961	845,173
12	Top of AL	110,410	318,580	446,378	293,483	27,864	25,609	176,748	1,399,072
TOTAL:		1,342,133	3,691,315	5,253,253	3,214,869	318,916	224,763	2,022,963	16,068,212

STATE AGENCY: Alabama Department of Senior Services

STATE: Alabama
FISCAL YEAR: 2006
TITLE VII DISTRIBUTIONS BY PLANNING AND SERVICE AREA

PSA	SHORT TITLE	FORMULA SHARE (Base %)	FORMULA SHARE (Above Base %)	OMBUDSMAN ($)	ELDER ABUSE PREVENTION ($)	TOTAL TITLE VII ($)
1	Northwest AL	6.060977	6.455107	14,272	4,893	19,165
2	West AL	7.475528	6.191245	17,603	6,035	23,638
3	Middle AL	6.496983	8.236533	15,298	5,245	20,543
3A	OSCS	12.356699	12.239858	29,096	9,975	39,071
4	East AL	11.314330	12.178537	26,642	9,134	35,776
5	South Central	5.580100	3.415696	13,139	4,505	17,644
6	ATRC	9.599514	6.470265	22,604	7,749	30,353
7	Southern AL	7.885960	7.810319	18,569	6,366	24,935
8	South AL	9.881020	11.617792	23,267	7,977	31,244
9	Central AL	6.154505	5.914734	14,492	4,968	19,460
10	Lee-Russell	3.417153	2.675331	8,046	2,759	10,805
11	NARCOG	5.040204	5.400550	11,868	4,069	15,937
12	Top of AL	8.737027	11.394033	20,573	7,051	27,624
TOTAL:		100.000000	100.000000	235,469	80,726	316,195

Administrative Use of Services Funds
Fiscal Years 2007 - 2010

The Alabama Department of Senior Services (ADSS) currently uses its available funds for State Plan administration without being involved in the additional responsibilities detailed in the objectives under this Plan.

The following assurances are provided:

1. Alabama is making full and effective use of its allotment under paragraph (1) and of the personnel of the State agency and Area Agencies on Aging (AAAs) designated under Section 305(a)(2)(A) of the Older Americans Act in the administration of its State Plan in accordance with Subsection (a); and

2. Alabama and its AAAs designated under Section 305 are carrying out, on a full-time basis, programs and activities which are in furtherance of the purposes of this Act.

3. No amounts received by the state under this request will be used to hire any individual to fill a job opening created by the action of the state in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

FISCAL YEAR 2007 PROJECTED COST OF SERVICES IN RURAL AREAS {Section 307(a)(3)(B)(i) and (ii)}

STATE AGENCY: Alabama Department of Senior Services

For this purpose, the Alabama Department of Senior Services uses as a definition of "rural" all territory, population, and housing units located outside of urbanized areas and urban clusters; urbanized area and urban cluster boundaries are delineated to encompass densely settled territory, which consists of: (1) core census block groups or blocks that have a population density of at least 1,000 people per square mile and (2) surrounding census blocks that have an overall density of at least 500 people per square mile. Based on this definition, the actual and projected costs of Title III services in the affected planning and service areas, for the State of Alabama, are shown below. The projections reflect demographic changes that have occurred and greater accuracy in reporting. As shown, the costs of rural services increase with each fiscal year and exceed the rural costs of Fiscal Year 2000 ($12,844,636).

RURAL SERVICE COSTS
(IN DOLLARS)

PSA	SHORT TITLE	PERCENT OF RURAL CLIENTS	ESTIMATED COSTS			
			FY 2007	FY 2008	FY 2009	FY 2010
1	Northwest AL	59.84%	1,017,272	1,037,617	1,058,369	1,079,536
2	West AL	55.45%	1,173,971	1,197,450	1,221,399	1,245,827
3	Middle AL	70.29%	1,029,528	1,050,119	1,071,121	1,092,543
3A	OSCS	10.39%	288,075	293,837	299,714	305,708
4	East AL	50.76%	2,151,097	2,194,119	2,238,001	2,282,761
5	South Central AL	73.08%	1,152,230	1,175,275	1,198,781	1,222,757
6	ATRC	78.23%	1,903,857	1,941,934	1,980,773	2,020,388
7	Southern AL	59.52%	1,981,252	2,020,877	2,061,295	2,102,521
8	South AL	29.45%	869,499	886,889	904,627	922,720
9	Central AL	26.62%	528,749	539,324	550,110	561,112
10	Lee-Russell	35.24%	614,331	626,618	639,150	651,933
11	NARCOG	58.30%	862,033	879,274	896,859	914,796
12	Top of AL	45.55%	1,178,336	1,201,903	1,225,941	1,250,460
TOTAL:			**14,750,230**	**15,045,236**	**15,346,140**	**15,653,062**

REVIEW OF INTRASTATE FUNDING FORMULA

In Fiscal Year 2004, the Alabama Department of Senior Services (ADSS) performed a comprehensive review of the intrastate funding formula (IFF). This review was made in accordance with Section 305 of The Older Americans Act of 1965, as amended (Public Law 89-73) and Title 45, Volume 4, Section 1321.27. The purpose of the review was to determine the most efficient and effective formula for fairly and equitably distributing funds received under the above Act. This formula must take the following factors into account: (1) the geographical distribution of older persons (i.e., age 60 and older) in Alabama, (2) older persons with the greatest economic and social needs, (3) low-income minority older individuals, and (4) older persons residing in rural areas.

In performing this IFF review, ADSS considered whether Alabama's aging population subgroups containing older persons below poverty, living alone, in rural areas, frail elders, and those older persons of minority status are fairly treated. Any changes for these subgroups and IFF factors since the IFF's last revision were analyzed. The relationships between these subgroups and factors to identify the most effective measures for accomplishing the purpose in paragraph one were examined. As a result of this review, a new IFF with a built-in Hold Harmless provision (i.e., Fiscal Year 2003 NGA amounts) was developed. This new IFF was implemented in Fiscal Year 2005 and provides for sufficient funding to all PSAs to provide services throughout the state and to plan for program expansion in areas with higher rates of population growth.

In Fiscal Year 2006, ADSS staff reviewed the information contained on the "Special Tabulation on Aging" CD-ROM developed by the U.S. Census Bureau for the Administration on Aging and compiled data for "Age 60+ Below Poverty" and "Age 60+ Below Poverty Minority." As required in the amended State Plan on Aging for Fiscal Years 2003-2006, newly-available "Age 60+" data will replace the "Age 65+ Below Poverty" and "Age 65+ Below Poverty Minority" factors in the current IFF. This will ensure all five population-based IFF factors reflect "Age 60+" subgroups of the older population.

When developing an IFF, ADSS will always use best available data from the U.S. Census Bureau. As future data becomes available, ADSS will replace older IFF data and will adjust the factors' weights proportionately. When a new IFF is approved, ADSS will ensure services will continue to be provided across the state. Each time the agency develops a new State Plan, the IFF will also be reviewed and updated, as necessary (Title 45, Volume 4, Section 1321.37(a)).

Description of Proposed IFF {Section 305(d) and Section 307(a)(3)(A)}

The current IFF uses five population-based factors, all of which reflect "Age 60+" subgroups except for "Age 65+ Below Poverty" and "Age 65+ Below Poverty Minority." Based on more-detailed Census 2000 data found on the "Special Tabulation on Aging" CD-ROM, which was developed by the U.S. Census Bureau for the Administration on Aging, we want to update the current IFF by ensuring the five IFF factors all reflect "Age 60+" subgroups. The factors in the current and proposed formulae are shown in the table below:

Table 7.1

INTRASTATE FUNDING FORMULA: CURRENT AND PROPOSED FACTORS	
FACTORS IN CURRENT IFF	**FACTORS IN PROPOSED IFF**
Age 60+	Age 60+
Age 60+ Rural	Age 60+ Rural
Age 60+ Living Alone	Age 60+ Living Alone
Age 65+ Below Poverty	Age 60+ Below Poverty
Age 65+ Below Poverty Minority	Age 60+ Below Poverty Minority

The proposed IFF (See Table 7.5) bases each factor's weight on its proportional share of all five population-based factors combined; the current IFF also uses this methodology. Table 7.2 identifies the five factors in the proposed IFF, their total statewide population values, and the computations performed to develop their weights. Table 7.3 identifies the factors and their respective weights in the current and proposed formulae.

Table 7.2

INTRASTATE FUNDING FORMULA: COMPUTATION OF FACTORS' WEIGHTS			
FACTOR	**FACTOR'S STATEWIDE VALUE**	**COMPUTATION OF FACTOR'S WEIGHT**	**FACTOR'S RESULTING WEIGHT**
Age 60+	769,880	= 769,880 / 1,472,668	52.28%
Age 60+ Rural	343,372	= 343,372 / 1,472,668	23.31%
Age 60+ Living Alone	202,156	= 202,156 / 1,472,668	13.73%
Age 60+ Below Poverty	112,210	= 112,210 / 1,472,668	7.62%
Age 60+ Below Poverty Minority	45,050	= 45,050 / 1,472,668	3.06%
Total:	**1,472,668**		**100.00%**

Table 7.3

INTRASTATE FUNDING FORMULA: FACTORS' WEIGHTS (CURRENT AND PROPOSED FORMULAE)				
	CURRENT FORMULA		PROPOSED FORMULA	
FACTOR	IN FORMULA	WEIGHT	IN FORMULA	WEIGHT
60+	Y	53.62%	Y	52.28%
60+ Rural	Y	23.92%	Y	23.31%
60+ Living Alone	Y	14.08%	Y	13.73%
65+ Below Poverty	Y	6.01%	N	N/A
65+ Below Poverty Minority	Y	2.37%	N	N/A
60+ Below Poverty	N	N/A	Y	7.62%
60+ Below Poverty Minority	N	N/A	Y	3.06%
Hold Harmless	Y	N/A	Y	N/A

The Hold Harmless provision used in the current IFF is equal to the Fiscal Year 2003 NGA amounts (See Table 7.6); this Hold Harmless provision will also be incorporated into the proposed IFF and will remain unchanged. The remainder of the proposed formula incorporates the five population-based factors and their corresponding weights (See Table 7.2). When a new fiscal year's total award is determined, ADSS would first use the IFF to distribute each PSA's share of the Hold Harmless provision. Then, ADSS would subtract the total Hold Harmless amount from the total award, yielding a Total Remaining Allocation (i.e., this amount could be a positive or negative amount). For each PSA, ADSS would multiply the Total Remaining Allocation by its formula share to compute their allocation amount. Each PSA's total award for the new fiscal year would equal the sum of the Hold Harmless provision and their allocation amount.

Table 7.4 below contains each PSA's formula share using both the current IFF and the proposed formula:

Table 7.4

INTRASTATE FUNDING FORMULA: COMPARISION OF FORMULA SHARES (CURRENT AND PROPOSED FORMULAE)		
	COMPARISON OF FORMULA SHARES	
PLANNING AND SERVICE AREA (PSA)	**CURRENT IFF**	**PROPOSED IFF**
(1) Northwest Alabama Council of Local Governments	6.455107%	6.427359%
(2) West Alabama Regional Commission	6.191245%	6.207856%
(3) Middle Alabama Area Agency on Aging	8.236533%	8.179841%
(3A) Office of Senior Citizens Services	12.239858%	12.267058%
(4) East Alabama Regional Planning and Development Commission	12.178537%	12.158828%
(5) South Central Alabama Development Commission	3.415696%	3.451172%
(6) Alabama Tombigbee Regional Commission	6.470265%	6.553908%
(7) Southern Alabama Regional Council on Aging	7.810319%	7.776830%
(8) South Alabama Regional Planning Commission	11.617792%	11.639795%
(9) Central Alabama Aging Consortium	5.914734%	5.943820%
(10) Lee-Russell Council of Governments	2.675331%	2.693799%
(11) North Central Alabama Regional Council of Governments	5.400550%	5.374329%
(12) Top of Alabama Regional Council of Governments	11.394033%	11.325404%

Table 7.5

INTRASTATE FUNDING FORMULA

Funding Portion=

X + Y[.5228(60+) + .2331(Rural) + .1373(Living Alone) + .0762(Below Poverty) + .0306(Below Poverty Minority)]

Where:

X = Fiscal Year 2003 NGA Amounts (See Table 7.6); and

Y = Remaining allocable amount (i.e., Fiscal Year's Total Award minus Total of Fiscal Year 2003 NGA Amounts)

The remaining factors and Census 2000 data are described in Tables 7.7 and 7.8.

PLANNING AND SERVICE AREA (PSA)	FORMULA SHARE[1]
(1) Northwest Alabama Council of Local Governments	6.427359%
(2) West Alabama Regional Commission	6.207856%
(3) Middle Alabama Area Agency on Aging	8.179841%
(3A) Office of Senior Citizens Services	12.267058%
(4) East Alabama Regional Planning and Development Commission	12.158828%
(5) South Central Alabama Development Commission	3.451172%
(6) Alabama Tombigbee Regional Commission	6.553908%
(7) Southern Alabama Regional Council on Aging	7.776830%
(8) South Alabama Regional Planning Commission	11.639795%
(9) Central Alabama Aging Consortium	5.943820%
(10) Lee-Russell Council of Governments	2.693799%
(11) North Central Alabama Regional Council of Governments	5.374329%
(12) Top of Alabama Regional Council of Governments	11.325404%
Total:	100.000000%

[1] Data source: 2000 U.S. Census

Based on the formula identified in Table 7.5, the amounts in Table 7.6 below will continue to be used for a Hold Harmless provision. This data is identical to the Hold Harmless provision used in the current IFF.

Table 7.6

INTRASTATE FUNDING FORMULA DATA	
PLANNING AND SERVICE AREA (PSA)	**FISCAL YEAR 2003 NGA AMOUNTS**
(1) Northwest Alabama Council of Local Governments	$ 975,033
(2) West Alabama Regional Commission	$ 1,202,590
(3) Middle Alabama Area Agency on Aging	$ 1,045,173
(3A) Office of Senior Citizens Services	$ 1,987,825
(4) East Alabama Regional Planning and Development Commission	$ 1,820,140
(5) South Central Alabama Development Commission	$ 897,674
(6) Alabama Tombigbee Regional Commission	$ 1,544,276
(7) Southern Alabama Regional Council on Aging	$ 1,268,616
(8) South Alabama Regional Planning Commission	$ 1,589,564
(9) Central Alabama Aging Consortium	$ 990,080
(10) Lee-Russell Council of Governments	$ 549,718
(11) North Central Alabama Regional Council of Governments	$ 810,818
(12) Top of Alabama Regional Council of Governments	$ 1,405,524
Total:	$ 16,087,031

Table 7.7

INTRASTATE FUNDING FORMULA: DESCRIPTION OF FACTORS	
FACTOR	**DESCRIPTION**
60+	The distribution among the thirteen planning and service areas of the population of Alabamians at least 60 years old.
60+ RURAL	The distribution among the thirteen planning and service areas of the population of Alabamians at least 60 years old who live in a rural area. Note: *Rural*, according to the U.S. Bureau of the Census – United States Census 2000, consists of all territory, population, and housing units located outside of urbanized areas and urban clusters; urbanized area and urban cluster boundaries are delineated to encompass densely settled territory, which consists of: (1) core census block groups or blocks that have a population density of at least 1,000 people per square mile and (2) surrounding census blocks that have an overall density of at least 500 people per square mile.
60+ LIVING ALONE	The distribution among the thirteen planning and service areas of the population of Alabamians at least 60 years old who live alone.
60+ BELOW POVERTY	The distribution among the thirteen planning and service areas of the population of Alabamians at least 60 years old who are below the poverty level.
60+ BELOW POVERTY MINORITY	The distribution among the thirteen planning and service areas of the population of Alabamians who are at least 60 years old, have minority status, and are below the poverty level.

Note: Census 2000 data on the "Special Tabulation on Aging", which was developed by the U.S. Census Bureau for the Administration on Aging, contains county-level data for Alabama's age 60+ population for the "below poverty" and "below poverty minority" subgroups. This data was unavailable during the development of the current IFF.

Table 7.8

INTRASTATE FUNDING FORMULA: FACTORS' POPULATION DATA BY PSA [1]					
PSA	**AGE 60+**	**AGE 60+ RURAL**	**AGE 60+ LIVING ALONE**	**AGE 60+ BELOW POVERTY**	**AGE 60+ BELOW POVERTY MINORITY[2]**
1	46,407	27,772	12,692	6,835	950
2	44,197	24,509	11,880	7,280	3,556
3	57,679	40,545	13,788	7,525	930
3A	115,622	12,016	30,869	14,060	8,075
4	91,151	46,268	24,502	13,210	3,930
5	20,949	15,310	6,254	4,925	3,387
6	38,672	30,254	11,151	9,640	6,802
7	54,937	32,698	14,899	8,935	3,060
8	99,589	29,328	24,020	12,640	5,835
9	50,413	13,421	13,211	6,380	4,105
10	21,496	7,575	5,699	3,085	1,815
11	39,397	22,968	10,203	5,910	670
12	89,371	40,708	22,988	11,785	1,935
Total:	769,880	343,372	202,156	112,210	45,050

Note: Table 7.9 contains additional information for the below poverty and below poverty minority subgroups of Alabama's older population.

(1) Data source: 2000 U.S. Census and "Special Tabulation on Aging" CD-ROM, U.S. Census Bureau.

(2) The counties' values for "Age 60+ Below Poverty Minority" were computed by subtracting "Age 60+ Below Poverty White-Only" from "Age 60+ Below Poverty."

Table 7.9

BELOW POVERTY AND BELOW POVERTY MINORITY INFORMATION[1]						
PSA[2]	POPULATION AGE 60 AND OVER	POPULATION AGE 60 AND OVER				PERCENT OF STATE'S BELOW POVERTY MINORITY[4]
		BELOW POVERTY	BELOW POVERTY MINORITY			
			NUMBER OF PERSONS	PERCENT WITHIN PSA[3]	RANK	
	(1)	(2)	(3)	(4)	(5)	(6)
3A	115,622	14,060	8,075	6.98%	6	17.92%
6	38,672	9,640	6,802	17.59%	1	15.10%
8	99,589	12,640	5,835	5.86%	7	12.95%
9	50,413	6,380	4,105	8.14%	4	9.11%
4	91,151	13,210	3,930	4.31%	9	8.72%
2	44,197	7,280	3,556	8.05%	5	7.89%
5	20,949	4,925	3,387	16.17%	2	7.52%
7	54,937	8,935	3,060	5.57%	8	6.79%
12	89,371	11,785	1,935	2.17%	10	4.30%
10	21,496	3,085	1,815	8.44%	3	4.03%
1	46,407	6,835	950	2.05%	11	2.11%
3	57,679	7,525	930	1.61%	13	2.06%
11	39,397	5,910	670	1.70%	12	1.49%
Total	769,880	112,210	45,050	5.85%	--	100.00%

(1) Population data for columns 1 through 3 are from the 2000 U.S. Census.
(2) Planning and Service Areas (PSA) are listed in rank order by the distribution among PSAs of the state's below poverty minority older population (Column 3), as described in Title 45, Volume 4 (Wednesday, October 1, 2003), Section 1321.37(a).
(3) Ratio of Column 3 to Column 1.
(4) Ratio of each PSA's value in Column 3 to the total of Column 3.

A state's IFF must distribute federal and state matching funds to the PSAs regardless of whether there is an increase or decrease in federal funds from year to year. Using the Fiscal Year 2005 award as an example, Table 7.10 identifies the impact of increased federal funding using the proposed IFF. Table 7.11 identifies the impact of decreased federal funding using the proposed IFF and the Fiscal Year 2006 award. The columns in Tables 7.10 and 7.11 are described as follows:

A Identifies each PSA's Fiscal Year 2003 NGA amount, which is used as a Hold Harmless provision in both the current and proposed formulae.

B Displays each PSA's share of the allocable amount (i.e., difference between the total award and the Hold Harmless provision) using the proposed formula.

C Contains each PSA's proposed total award if the proposed IFF had been in effect.

D Identifies each PSA's current total award (i.e., the amount they received using the current IFF).

E Contains the difference between each PSA's proposed total award (i.e., the amount they would have received if the proposed IFF had been in effect) and their current total award (i.e., the amount they received using the current IFF).

Table 7.10

INTRASTATE FUNDING FORMULA: IMPACT OF INCREASED FEDERAL FUNDING USING FISCAL YEAR 2005 AWARD WITH CURRENT AND PROPOSED FORMULAE					
	IMPACT OF PROPOSED INTRASTATE FUNDING FORMULA				VARIANCE
PSA	FISCAL YEAR 2003 HOLD HARMLESS PROVISION	REMAINING ALLOCATION	PROPOSED TOTAL AWARD	CURRENT TOTAL AWARD	EFFECT OF PROPOSED FORMULA
1	$ 975,033	$ 25,159	$ 1,000,192	$ 1,000,301	$ (109)
2	$ 1,202,590	$ 24,300	$ 1,226,890	$ 1,226,825	$ 65
3	$ 1,045,173	$ 32,019	$ 1,077,192	$ 1,077,414	$ (222)
3A	$ 1,987,825	$ 48,018	$ 2,035,843	$ 2,035,736	$ 107
4	$ 1,820,140	$ 47,594	$ 1,867,734	$ 1,867,811	$ (77)
5	$ 897,674	$ 13,509	$ 911,183	$ 911,044	$ 139
6	$ 1,544,276	$ 25,654	$ 1,569,930	$ 1,569,603	$ 327
7	$ 1,268,616	$ 30,441	$ 1,299,057	$ 1,299,188	$ (131)
8	$ 1,589,564	$ 45,562	$ 1,635,126	$ 1,635,040	$ 86
9	$ 990,080	$ 23,266	$ 1,013,346	$ 1,013,232	$ 114
10	$ 549,718	$ 10,545	$ 560,263	$ 560,190	$ 73
11	$ 810,818	$ 21,037	$ 831,855	$ 831,958	$ (103)
12	$ 1,405,524	$ 44,332	$ 1,449,856	$ 1,450,124	$ (268)
Total:	$ 16,087,031	$ 391,436	$ 16,478,467	$ 16,478,467	$ 0
Column:	(A)	(B)	(C)	(D)	(E)

The proposed IFF starts with the Hold Harmless provision (See Table 7.10, Column A). Because the difference between the total federal award (i.e., $16,478,467) and the total Hold Harmless provision (i.e., $16,087,031) is a positive amount, this increase (i.e., $391,436) must be distributed among the PSAs. The allocation amount (Column B) is obtained by multiplying each PSA's funding share (See Table 7.4, Column "Proposed IFF") by the total increase.

As shown in Table 7.10, each PSA's proposed total award (Column C) is the sum of their Hold Harmless provision (Column A) and their allocation amount (Column B). As a point of comparison, the PSAs' current total awards, computed with the current IFF, are shown in Column D. The difference between each PSA's proposed and current total awards is found in Column E.

Table 7.11

INTRASTATE FUNDING FORMULA: IMPACT OF DECREASED FEDERAL FUNDING USING FISCAL YEAR 2006 AWARD WITH CURRENT AND PROPOSED FORMULAE					
	IMPACT OF PROPOSED INTRASTATE FUNDING FORMULA			CURRENT TOTAL AWARD	VARIANCE
PSA	FISCAL YEAR 2003 HOLD HARMLESS PROVISION	REMAINING ALLOCATION	PROPOSED TOTAL AWARD		EFFECT OF PROPOSED FORMULA
1	$ 975,033	$ (10,281)	$ 964,752	$ 965,337	$ (585)
2	$ 1,202,590	$ (9,930)	$ 1,192,660	$ 1,190,632	$ 2,028
3	$ 1,045,173	$ (13,084)	$ 1,032,089	$ 1,034,780	$ (2,691)
3A	$ 1,987,825	$ (19,622)	$ 1,968,203	$ 1,968,061	$ 142
4	$ 1,820,140	$ (19,449)	$ 1,800,691	$ 1,802,043	$ (1,352)
5	$ 897,674	$ (5,520)	$ 892,154	$ 888,748	$ 3,406
6	$ 1,544,276	$ (10,483)	$ 1,533,793	$ 1,528,922	$ 4,871
7	$ 1,268,616	$ (12,439)	$ 1,256,177	$ 1,256,003	$ 174
8	$ 1,589,564	$ (18,618)	$ 1,570,946	$ 1,573,758	$ (2,812)
9	$ 990,080	$ (9,507)	$ 980,573	$ 980,233	$ 340
10	$ 549,718	$ (4,309)	$ 545,409	$ 544,251	$ 1,158
11	$ 810,818	$ (8,596)	$ 802,222	$ 802,757	$ (535)
12	$ 1,405,524	$ (18,115)	$ 1,387,409	$ 1,391,552	$ (4,143)
Total:	$ 16,087,031	$ (159,954)	$ 15,927,077	$ 15,927,077	$ 0
Column:	(A)	(B)	(C)	(D)	(E)

The proposed IFF starts with the Hold Harmless provision (See Table 7.11, Column A). Because the difference between the total federal award (i.e., $15,927,077) and the total Hold Harmless provision (i.e., $16,087,031) is a negative amount, this deficit (i.e., -$159,954) must be distributed among the PSAs. The allocation amount (Column B) is obtained by multiplying each PSA's funding share (See Table 7.4, Column "Proposed IFF") by the total deficit amount.

As shown in Table 7.11, each PSA's proposed total award (Column C) is the sum of their Hold Harmless provision (Column A) and their allocation amount (Column B). As a point of comparison, the PSAs' current total awards, computed with the current IFF, are shown in Column D. The difference between each PSA's proposed and current total awards is found in Column E.

SECTION VIII

ASSURANCES

GENERAL ASSURANCES

The Alabama Department of Senior Services, hereinafter referred to as "ADSS," makes the following assurances, which it must be able to substantiate:

A. GENERAL ADMINISTRATION

1. Compliance with Requirements

ADSS agrees to administer the program in accordance with the Act, the State Plan and all applicable regulations, policies and procedures established by the Assistant Secretary of the Administration on Aging or the Secretary of Health and Human Services.

2. Efficient Administration

ADSS utilizes such methods of administration as are necessary for the proper and efficient administration of the Plan.

3. General Administrative and Fiscal Requirements

ADSS's uniform administrative requirements and cost principles are in compliance with the relevant provisions of 45 CFR Part 92 except where these provisions are superseded by statute or program regulations.

4. Training of Staff

ADSS provides a program of appropriate training for all classes of positions and volunteers, if applicable.

5. Management of Funds

ADSS maintains sufficient financial control and accounting procedures to assure proper disbursement of and accounting for Federal funds under the Plan.

6. Safeguarding Confidential Information

ADSS has implemented such regulations, standards and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.

7. Reporting Requirements

ADSS agrees to furnish such reports and evaluations to the Secretary or the Commissioner as may be specified.

8. Standards for Service Providers

All providers of services under this Plan operate fully in conformance with all applicable Federal, State, and local fire, health, safety and sanitation, and other standards prescribed in law or regulations. ADSS provides that where the State or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

9. State Plan Amendments

State Plan amendments will be made in conformance with applicable program regulations.

B. EQUAL EMPLOYMENT OPPORTUNITY AND CIVIL RIGHTS

1. Equal Employment Opportunity

ADSS has an equal employment opportunity policy, implemented through an affirmative action plan for all aspects of personnel administration as specified in 45 CFR Part 92.

2. Non-Discrimination on the Basis of Handicap

All recipients of funds from ADSS are required to operate each program activity so that, when viewed in its entirety, the program or activity is readily accessible to and useable by handicapped persons. Where structural changes are required, these changes shall be made as quickly as possible, in keeping with 45 CFR Part 84.

3. Civil Rights Compliance

ADSS has developed and is implementing a system to ensure that benefits and services available under the State Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as Amended.

C. PROVISION OF SERVICES

1. Priorities

ADSS has a reasonable and objective method for establishing priorities for service and such method is in compliance with the applicable law.

2. Eligibility

The activities covered by this State Plan serve only those individuals and groups eligible under the provisions of the applicable statute.

3. Residency

No requirements as to the duration of residence or citizenship will be imposed as a condition of participation in Alabama's program for the provision of services.

4. Coordination and Maximum Utilization of Services

ADSS coordinates and utilizes the services and resources of other appropriate public and private agencies and organizations to the maximum extent.

Listing of State Plan Assurances and Required Activities
Older Americans Act, As Amended in 2000

ASSURANCES

Sec. 305(a)- (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan.

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on aging, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-
(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);
(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance;
and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

(4)(A)(ii) Each area agency on aging shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will--
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area.

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English-speaking ability; and
(VI) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);
and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--
(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--
(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;
(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
(A) older individuals residing in rural areas;
(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(D) older individuals with severe disabilities;
(E) older individuals with limited English-speaking ability; and
(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall
(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--
(A) to coordinate services provided under this Act with other State services that benefit older individuals; and
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.

REQUIRED ACTIVITIES

Sec. 307(a), STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:
(A) evaluates, using uniform procedures described in section 202(a)(29), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The State agency conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under titles III and VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas. *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and
(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--
(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

OTHER REQUIREMENTS

The ADSS will comply with the provisions of the any and all applicable amendments to the Older Americans Act, its regulations, and other laws and regulations which may become applicable in all its practices, policies, programs and facilities during the period covered by this State Plan on Aging.

Irene B. Collins
Signature and Title of Authorized Official

July 13, 2006
Date

APPENDICES

APPENDICES

A. Greatest Need Analysis

B. Preference for Greatest Economic or Social Need

C. Methods Used to Satisfy the Service Needs of Low-Income Minority Older Alabamians

D. Methods of Meeting Service Needs of Rural Alabamians

E. Methods of Implementing Activities for Native Americans

F. Area Agency on Aging Supportive Services Minimum Spending Requirements under Title III-B

G. Alabama Aging Network and Area Agency on Aging Map

H. Population Data by Planning and Service Area (2000 U.S. Census)

I. Population Projections and Trends, 2000-2030

J. Cost Sharing for Older Americans Act Services

K. Notices for, and public comments on the State Plan

APPENDIX A

GREATEST NEED ANALYSIS

Population figures from the 2000 Census showed the following for Alabama's older population:

Population 60 years and older:	769,880
Minority population 60 years and older:	154,177 (20.03%)

Older Alabamians, Age 60+,
Served from October 1, 2004 to September 30, 2005

RACE	REGISTERED CLIENTS
African-American	11,014
Hispanic	120
Native American	239
Asian American	85
Non-Minority	27, 149
Other Race	198
Rural	8,588
Below Poverty	30,485
Minority, Below Poverty	9,224
Total:	42,107

APPENDIX B

PREFERENCE FOR GREATEST ECONOMIC OR SOCIAL NEED

Alabama Department of Senior Services
Fiscal Years 2007-2010

The Alabama Department of Senior Services (ADSS) recognizes the importance of giving preference in the provision of services to older persons with the greatest economic or social need, particularly the low-income minority. These are the persons who are generally in greatest danger of becoming institutionalized. The effectiveness of the provision of services in preventing or delaying the institutionalization of these persons depends upon those services being provided in a manner which is comprehensive and coordinated from the older person's perspective. ADSS carries out this requirement through the following processes:

1. The Intrastate Funding Formula uses the distribution of persons in greatest economic or social need and of minority older persons as factors in the distribution of funds;

2. ADSS monitors, assesses and evaluates area agencies on aging with regard to their effectiveness in giving preference to older persons with the greatest economic or social need, particularly low-income minority, in the provision of services;

3. ADSS has been involved with other State agencies in the development of client assessment instruments which are effective in measuring the criticality of economic or social need of older individuals and of low-income minority seniors in particular; and

4. ADSS is committed to the continued development and implementation of the coordinated statewide client tracking system which should assist in determining the effectiveness of these service delivery systems in providing for the needs of those in greatest economic or social need, particularly the low-income minority.

APPENDIX C

METHODS USED TO SATISFY THE SERVICE NEEDS OF LOW-INCOME MINORITY OLDER ALABAMIANS

{Section 307(a)(15)}

Based upon the U.S. Bureau of the Census, 2000 Census data, Special Tabulation on Aging, there were 45,050 below poverty minority older Alabamians.

The Alabama Department of Senior Services (ADSS) uses an intrastate funding formula which is weighted in favor of both low-income and low-income minority older persons. To assure the service needs of low-income minority older Alabamians are met, the Area Agencies on Aging (AAAs) are engaged in actively targeting such individuals. Area Plans on Aging contain objectives for targeting low-income minority older persons. Outreach efforts are designed to identify low-income minority older persons and their needs, first. In addition, when new services or new locations for services are established, they are placed where they will have the greatest accessibility for these targeted individuals and consistent with the needs that have been identified with them.

Assessment procedures have been modified to accent the focus upon serving low-income minority older Alabamians. The procedures examine the methods used by each AAA to require that contractors target low-income minority older persons and to assess their compliance. Using these procedures, ADSS is able to provide better assistance to those agencies that appear not to be doing all they can in this targeting effort. In addition, ADSS monitors the degree to which the AAAs are providing services to low-income minority persons.

APPENDIX D

METHODS OF MEETING SERVICE NEEDS OF RURAL ALABAMIANS (FISCAL YEAR 2006 AND FISCAL YEARS 2007-2010)

{Section 307(a)(3)(B)(iii) and Section 307(a)(10)}

The Alabama Department of Senior Services (ADSS) uses an intrastate funding formula which is weighted in favor of older individuals living in rural areas. In addition, Area Agencies on Aging (AAAs) are encouraged to give a similar emphasis within the planning and service areas to those providers whose services will be of greatest benefit to rural older persons. Rural locations are to be given preferential considerations when establishing new services. ADSS includes in its assessment procedures an emphasis on determining the effectiveness of each AAA in targeting rural older persons. In previous plan years, ADSS has sponsored intensive training for those persons who provide direct, "hands on" services to rural older persons.

Rural, according to the U.S. Bureau of the Census – United States Census 2000, consists of all territory, population, and housing units located outside of urbanized areas and urban clusters; urbanized area and urban cluster boundaries are delineated to encompass densely settled territory, which consists of: (1) core census block groups or blocks that have a population density of at least 1,000 people per square mile and (2) surrounding census blocks that have an overall density of at least 500 people per square mile.

APPENDIX E

METHODS OF IMPLEMENTING ACTIVITIES FOR NATIVE AMERICANS

{Section 307(a)(21)(B)}

Population data specifically for Native Americans is listed on page 6 of the State Plan and is included within the population data for minorities throughout the State Plan.

In order to assure that the service needs of Native Americans are met, the Area Agencies on Aging (AAAs) are requested to actively target such individuals who are minorities. Area Plans on Aging contain objectives for targeting low-income minority older persons, which include Native Americans. Outreach efforts are designed to identify low-income minority older persons and their needs first.

ADSS will include all known Native Americans organizations in public information announcements and mailings. All known Native American organizations have been individually notified of the State Plan and public hearing. The South Alabama Regional Planning Commission/AAA works very closely with the Poarch Band of Creek Indians (the state's Title VI grantee) to provide supportive services to their older Native American clients.

APPENDIX F

AREA AGENCY ON AGING
SUPPORTIVE SERVICES MINIMUM SPENDING REQUIREMENTS
UNDER TITLE III-B

{Section 307(a)(2)(C)}

Access Services	29.1%
In-Home Services	2.5%
Legal Assistance	6.7%

APPENDIX G

ALABAMA'S AGING NETWORK

1. Mr. Keith Jones, Executive Director
Mr. James Coman, AAA Director
Northwest Alabama Council of Local Governments
P. O. Box 2603, 103 Student Drive
Muscle Shoals, AL 35662
256-389-0530/800-838-5845/FAX 256-389-0599
Counties: Colbert, Franklin, Lauderdale, Marion, Winston

2. Mr. Bob Lake, Executive Director
Ms. Pam McDaniel, AAA Director
West Alabama Regional Commission
4200 Highway 69 North, Suite 1
Northport, AL 35476
205-333-2990/800-432-5030/FAX 205-333-2713
Counties: Bibb, Fayette, Greene, Hale, Lamar, Pickens, Tuscaloosa

3. Ms. Julie O. Miller, Executive Director
Middle Alabama Area Agency on Aging
P.O. Box 90, 110 North Main Street
Columbiana, AL 35051
205-670-5770/866-570-2998/FAX 205-670-5770
Counties: Blount, Chilton, Shelby, St. Clair, Walker

3A Mr. William Voigt, Executive Director
Office of Senior Citizens Services
2601 Highland Avenue
Birmingham, AL 35205
205-325-1416/NO 800/FAX 205-325-1429
Counties: Jefferson

4. Mr. J. William Curtis, Executive Director
Mr. Randy Frost, AAA Director
East AL Regional Planning and Development Commission
1130 Quintard Avenue, Suite 300
Anniston, AL 36202
256-237-6741/800-239-6741/FAX 256-237-6763
Counties: Calhoun, Chambers, Cherokee, Clay, Cleburne, Coosa, Etowah, Randolph, Talladega, Tallapoosa

5. Mr. Tyson Howard, Executive Director
Ms. Sylvia Allen-Bowers, AAA Director
South Central Alabama Development Commission
5900 Carmichael Place
Montgomery, AL 36117
334-244-6903/N0 800/FAX 334-270-0038
Counties: Bullock, Butler, Crenshaw, Lowndes, Macon, Pike

6. Mr. John Clyde Riggs, Executive Director
Ms. Merolyn Newsom, AAA Director
Alabama Tombigbee Regional Commission
107 Broad Street
Camden, AL 36726
334-682-5206/888-617-0500/FAX 334-682-4205
Counties: Choctaw, Clarke, Conecuh, Dallas, Marengo, Monroe, Perry, Sumter, Washington, Wilcox

7. Mr. Robert Crowder, Executive Director
Southern AL Regional Council on Aging
P. O. Drawer 1886, 230 North Oates Street
Dothan, AL 36302
334-793-6843/800-239-3507/FAX 334-671-3651
Counties: Barbour, Coffee, Covington, Dale, Geneva, Henry, Houston

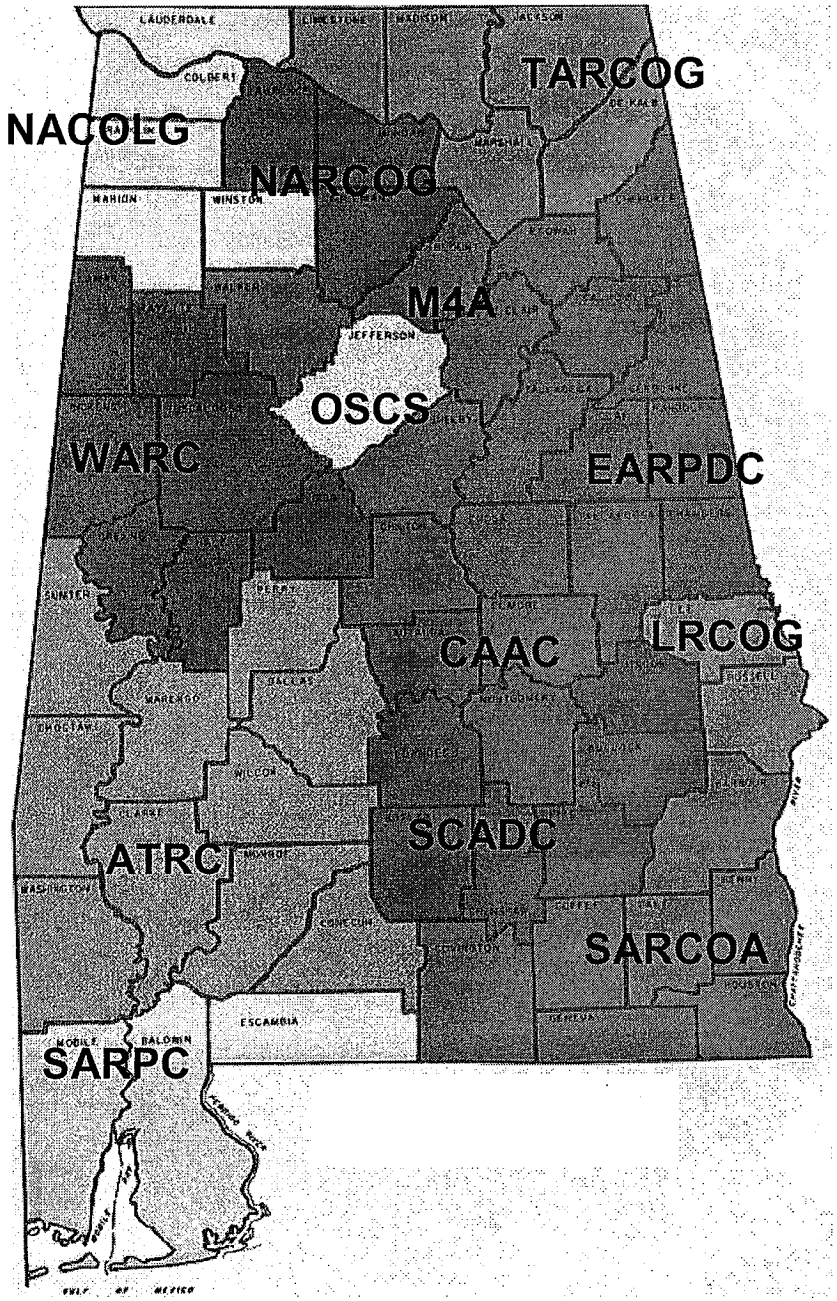
8. Mr. Russell Wimberly, Executive Director
Ms. Julie McGee, AAA Director
South Alabama Regional Planning Commission
P. O. Box 1665, 110 Beauregard Street
Mobile, AL 36633
251-433-6541/NO 800/FAX 251-433-6009
Counties: Baldwin, Escambia, Mobile

9. Ms. Gayle Boswell, Executive Director
Central Alabama Aging Consortium
818 South Perry Street, Suite 1
Montgomery, AL 36104
334-240-4666/800-264-4680/FAX 334-240-4681
Counties: Autauga, Elmore, Montgomery

10. Ms. Suzanne Burnette, Executive Director
Ms. Jackie D. Smith-Pinkard, AAA Director
Lee-Russell Council of Governments
2207 Gateway Drive
Opelika, AL 36801-6834
334-749-5264/800-239-4444/FAX 334-749-6582
Counties: Lee, Russell

11. Mr. C. Ronald Matthews, Executive Director
Mr. Rodney Gann, AAA Director
North Central Alabama Regional Council of Governments
P. O. Box C, 216 Jackson Street
Decatur, AL 35602
256-355-4515/NO 800/FAX 256-351-1380
Counties: Cullman, Lawrence, Morgan

12. Mr. Robert B. Culver, Executive Director
Ms. Nancy Robertson, AAA Director
Top of Alabama Regional Council of Governments
5075 Research Drive NW
Huntsville, AL 35805
256-830-0818/NO 800/FAX 256-830-0843
Counties: DeKalb, Jackson, Limestone, Madison, Marshall



ALABAMA'S AREA AGENCIES ON AGING

To find out about services and programs in your area, call **1-800-AGE-LINE** (243-5463) to contact your local Area Agency on Aging.

NACOLG - Northwest Ala Council of Local Governments

WARC - West Alabama Regional Commission

M4A - Middle Alabama Area Agency on Aging

OSCS – Jefferson County Office of Senior Citizens Services

EARPDC - East Ala Regional Planning & Development Commission

SCADC - South Central Alabama Development Commission

ATRC - Alabama Tombigbee Regional Commission

SARCOA - Southern Alabama Regional Council on Aging

SARPC - South Alabama Regional Planning Commission

CAAC - Central Alabama Aging Consortium

LRCOG - Lee-Russell Council of Governments

NARCOG - North Central Ala Regional Council of Governments

TARCOG - Top of Alabama Regional Council of Governments

APPENDIX H

POPULATION DATA BY PLANNING AND SERVICE AREA (2000 U.S. CENSUS)

PLANNING AND SERVICE AREA	COUNTIES SERVED	POPULATION AGE 60+	PERCENT OF AGE 60+ IN THE STATE
Northwest Alabama Council of Local Governments AAA	Colbert, Franklin, Lauderdale, Marion, Winston	46,407	6.0%
West Alabama Regional Commission AAA	Bibb, Fayette, Greene, Hale, Lamar, Pickens, Tuscaloosa	44,197	5.7%
Middle Alabama AAA	Blount, Chilton, Shelby, St. Clair, Walker	57,679	7.5%
Jefferson County Office of Senior Citizens Services	Jefferson	115,622	15.0%
East Alabama Regional Planning and Development Commission AAA	Calhoun, Chambers, Cherokee, Clay, Cleburne, Coosa, Etowah, Randolph, Talladega, Tallapoosa	91,151	11.8%
South Central Alabama Development Commission AAA	Bullock, Butler, Crenshaw, Lowndes, Macon, Pike	20,949	2.7%
Alabama Tombigbee Regional Commission AAA	Choctaw, Clarke, Conecuh, Dallas, Marengo, Monroe, Perry, Sumter, Washington, Wilcox	38,672	5.0%
Southern Alabama Regional Council on Aging (AAA)	Barbour, Coffee, Covington, Dale, Geneva, Henry, Houston	54,937	7.1%
South Alabama Regional Planning Commission AAA	Baldwin, Escambia, Mobile	99,589	12.9%
Central Alabama Aging Consortium (AAA)	Autauga, Elmore, Montgomery	50,413	6.5%
Lee-Russell Council of Governments AAA	Lee, Russell	21,496	2.8%
North Central Alabama Regional Council of Governments AAA	Cullman, Lawrence, Morgan	39,397	5.1%
Top of Alabama Regional Council of Governments AAA	DeKalb, Jackson, Limestone, Madison, Marshall	89,371	11.6%

APPENDIX I

POPULATION PROJECTIONS AND TRENDS, 2000-2030

Alabama will experience huge growth in its population of older individuals over the next 25 years. Presently, 18.1 percent of the state's population is age 60 years and over. Census projections indicate that in the year 2030, over 27 percent of the state's population will be age 60 years and over. The chart below shows Alabama's population growth trends from the U.S. Census Bureau, "Interim State Projections, 2005" from 2000 to 2030:

Year	Alabama's Total Population	Age 60+	Age 60+ Population (Percent of State's Total Population)	Age 60+ Population (Percentage Change per 5-year Period)
2000	4,447,100	769,880	17.3%	
2005	4,527,166	819,616	18.1%	6.5%
2010	4,596,330	920,090	20.0%	12.3%
2015	4,663,111	1,036,023	22.2%	12.6%
2020	4,728,915	1,163,986	24.6%	12.4%
2025	4,800,092	1,268,024	26.4%	8.9%
2030	4,874,243	1,323,989	27.2%	4.4%

The following chart also contains data from the U.S. Census Bureau, "Interim State Projections, 2005"and compares Alabama's age 0-18 age group to the age 60+ population:

Year	Age Group	Number of Alabamians	Percent of Alabama's Total Population
2000	0-18	1,188,274	26.7%
	60+	769,880	17.3%
	Total	4,447,100	
2010	0-18	1,155,439	25.1%
	60+	920,090	20.0%
	Total	4,596,330	
2020	0-18	1,147,778	24.3%
	60+	1,163,986	24.6%
	Total	4,728,915	
2030	0-18	1,174,014	24.1%
	60+	1,323,989	27.2%
	Total	4,874,243	

APPENDIX J

COST SHARING FOR OLDER AMERICANS ACT SERVICES

{Section 315(a)}

The Older Americans Act allows, and ADSS will permit cost sharing for all Older Americans Act (OAA) services except those for which cost sharing is prohibited by the OAA. This policy is designed to ensure that the participation of low-income older individuals (with particular attention to low-income minority individuals) receiving services will not decrease with the implementation of cost-sharing.

Eligible Population

Individuals age 60 years and older whose self-declared, individual incomes are above poverty, and individuals of any age who are caregivers of persons age 60 years and older if the care recipient's self-declared income is above poverty are eligible to participate in cost sharing for OAA services. Clients whose incomes are near poverty and considered "low income" may be excluded. The AAA shall use its discretion in these circumstances to determine whether the cost sharing policy will be exercised.

Allowable Services

Cost sharing may be implemented for any OAA service, including the following:

- Personal care
- Homemaker
- Chore
- Adult day care
- Assisted transportation
- Transportation

Excluded Services

Cost sharing is not permitted for:

- Information and assistance
- Outreach
- Benefits counseling
- Case management
- Ombudsman
- Elder abuse
- Legal and other consumer protection services
- Meals (congregate and home delivered)
- Services delivered through tribal organizations.

Determining Eligibility

The person performing the intake will verify that the client meets the definition of eligibility listed above and as stated in the law.

Cost Sharing and Contributions

In utilizing the cost sharing plan, ADSS and the AAAs assure that they will:

(a) Protect the privacy and confidentiality of each older individual with respect to the declaration or non-declaration of individual income and to any share of costs paid or unpaid by an individual;

(b) Establish appropriate procedures to safeguard and account for cost share payments;

(c) Use each collected cost share payment to expand the service for which such payment was given;

(d) Not consider assets, savings, or other property owned by an older individual in determining whether cost sharing is permitted;

(e) Not deny any service for which funds are received under this Act for an older individual due to the income of such individual or such individual's failure to make a cost sharing payment;

(f) Determine the eligibility of older individuals to cost share solely by a confidential declaration of income and with no requirement for verification; and

(g) Widely distribute State created written materials in languages reflecting the reading abilities of older individuals that describe the criteria for cost sharing, the State's sliding scale, and the mandate described under paragraph (e) above.

Clients Eligible for Cost Sharing

In the event that the confidential assessment reveals the family has financial resources above the poverty line, the following may apply:

- Using ADSS's approved cost sharing sliding fee scale, personnel performing the intake may ask clients for fees; however, a client who is unwilling or unable to pay may not be denied services.

- All fees are to be collected before services are presented to the client.

- All fees/contributions should be logged, according to AAA policy, and used to expand services for which such payment was given.

AAA Waivers

An AAA may request a waiver to ADSS's cost sharing policies, and ADSS shall approve such a waiver if the AAA can adequately demonstrate that:

- A significant proportion of persons receiving services under this Act subject to cost sharing in the planning and service area have incomes below the threshold established in State policy; or
- Cost sharing would be an unreasonable administrative or financial burden upon the AAA.

Cost Sharing System for Older Americans Act Services
(Based on 2007 HHS Poverty Guidelines)

Percent of Federal Poverty Level	Gross Monthly Income	Percent per $100 Cost of Service	Cost/Fee per $100 Cost of Service
101 - 124%	$852 - $1,063	5 %	$ 5.00
125 - 149%	$1,064 - $1,275	10 %	$ 10.00
150 - 174%	$1,276 - $1,488	15 %	$ 15.00
175 - 199%	$1,489 - $1,701	20 %	$ 20.00
200 - 299%	$1,702 - $2,552	40 %	$ 40.00
300 - 399%	$2,553 - $3,402	60 %	$ 60.00
400 - 499%	$3,403 - $4,253	80 %	$ 80.00
500% and over	$4,254 and over	100 %	$100.00

Individuals who have an income at or below $851.00 per month may not be asked to cost share; however, they may be asked for a contribution.

APPENDIX K

NOTICES FOR AND PUBLIC COMMENTS ON THE STATE PLAN

Public Hearing
On the State Plan on Aging
For Fiscal Years 2007-2010

State Capitol Auditorium
Montgomery, Alabama
Monday, June 12, 2006

Introductions	Commissioner Irene Collins
Review of Public Hearing Process	John Matson
Overview of State Plan on Aging	Tina Hartley
Questions and Comments	Todd Russell
Next Steps	Todd Russell
Closing Remarks	Commissioner Collins

Adjourn

Proceedings from the Public Hearing
on the State Plan on Aging
for Fiscal Years 2007-2010

State Capitol Auditorium
Montgomery, Alabama
June 12, 2006 @ 10:00 a.m.

Ms. Irene Collins, Alabama Department of Senior Services Executive Director, expressed her excitement about what the future holds for us in aging when one looks at all that is taking place across the nation. She stated that the reauthorization of the Older Americans Act is being discussed in Washington, D.C. and believes many opportunities will be available to us as a result of this reauthorization. Ms. Collins stated we are looking forward to the Choices for Independence, which is being proposed by Assistant Secretary Josefina Carbonell to provide opportunities for people to be able to make choices and decisions about long-term care and better ways to age. Ms. Collins stated ADSS has reorganized the department into four divisions which will enable us to better provide services. Due to the many partnerships we have developed, we look forward to continuing our success during the upcoming four years. Ms. Collins described ADSS's work on the Safe Center concept with ADECA and EMA, and look forward to developing better senior centers and adapting them to be Safe Centers for any type of disaster; ADSS also has disaster preparation planning underway with the nutrition program. Ms. Collins told the audience that through President Bush's Freedom Initiative, we are part of the United We Ride project, which is examining how transportation services are being provided in Alabama and identifying ways to better coordinate services. She stated ADSS is applying for many grant opportunities through the federal government. Ms. Collins described the work being done to enhance Alabama's workforce development efforts for seniors and to enhance the role of older workers. Ms. Collins also commented on the Aging and Disability Resource Centers that are in place and what we can anticipate from the cooperation with the Governor's Task Force to Strengthen Alabama Families. The ultimate goal of each state agency in Alabama through this task force is "no wrong door" for citizens to access services in Alabama.

Mr. John Matson, Alabama Department of Senior Services Public Information Officer, gave a brief overview of how public input was sought prior to this State Plan Hearing. He stated the State Plan is a federal requirement and identifies our plan of providing services to our constituents for the next four years. Throughout the document, the emphasis is on Older Americans Act programs and services. Mr. Matson said the State Plan must be developed every four years, but can be revised more often if needed. To support State Plan development, public input is obtained first by the area agencies on aging (AAA) through advisory council meetings, surveys, public forums, and public hearings. ADSS also requires each AAA to conduct a public hearing specifically on its proposed Area Plan on Aging; these hearings include feedback from the public regarding the AAA's goals and objectives for the next four years. Mr. Matson stated ADSS used the Area Plans as one source of input to the State Plan development and stressed today's public hearing is designed to allow Alabama's senior citizens and advocates to offer their suggestions and comments for all activities carried out under the proposed State Plan. ADSS used several methods to inform citizens of today's public hearing hoping to seek as much input as possible. Notices of the public hearing and a press release were sent to newspapers

throughout the state as well as other media outlets. The public hearing notice and the proposed State Plan were posted on ADSS's website allowing citizens to comment by phone, fax, mail, or electronic mail; the public hearing notice was also posted on the Secretary of State's website in compliance with the Alabama Open Meeting Act.

Ms. Tina Hartley, Alabama Department of Senior Services Planner/Researcher, provided an overview of the State Plan's contents. She stated that although the State Plan concentrates on Older Americans Act services, it also describes other available programs and services (e.g., the senior employment program and the elderly and disabled waiver program), thus making it a very inclusive document. Ms. Hartley described the major changes to the State Plan since it was last updated; these updates include: demographic information on the status of older Alabamians, description of ADSS's programs and services, new goals and objectives for the next four years, cost sharing policy (i.e., based on the latest Department of Health and Human Services' poverty threshold), and some of the data for the intrastate funding formula (IFF). The IFF data being updated includes Age 60+ Below Poverty and Age 60+ Below Poverty Minority information. Ms. Hartley mentioned two highlighted requirements in the State Plan; one being the proposal for allocating funds and the other being targeting.

Mr. Todd Russell, Alabama Department of Senior Services General Counsel, led the question and answer portion of the public hearing. He reminded the audience that ADSS would accept comments from the public through noon, June 13, 2006.

Ms. Ruth Rambo, AARP Alabama Associate State Director for Community Outreach, outlined AARP's national legislative agenda for 2006. She stressed this is an important year for retired Americans, those nearing retirement, and those hoping to retire; the primary concern is security. Ms. Rambo stated AARP's legislative agenda is consistent with ADSS's State Plan on Aging and pledged AARP's continuing collaboration with ADSS on issues of mutual interest and to the benefit of seniors and their families.

Ms. Collins thanked everyone for attending the public hearing and continuing their support to the seniors of the State of Alabama. A full and complete transcription of the public hearing is available by contacting the Alabama Department of Senior Services at 1-877-425-2243 or www.ageline.net.

State Plan Written Comments

Received from: Louis E. Cottrell, Executive Director
Alabama Nursing Home Association (ANHA)

1. Appreciates the excellent relationship they have with ADSS.

2. Found the draft State Plan on Aging to contain some very fine and useful information; however, they were somewhat taken aback by the lack of any meaningful mention of the Alabama nursing homes as a valuable resource and of the care they provide to a significant number of the aged population in Alabama. Respectfully asked ADSS to

consider specifically addressing the services Alabama nursing homes provide to the elderly population in the state.

3. Stated that they are not aware of any determination or evidence that would support the statement that "...assisted living facilities and specialty care assisted living facilities are much needed services in that they support greater independence for their residents as compared to skilled nursing facilities" and believe such a broad statement, unsupported by any empirical data, does not represent the reality. Each nursing facility is charged with permitting residents to have freedom of choice and to exhibit as much independence as possible. Moreover, ANHA and its members are working with the Alabama Department of Public Health and the Alabama Quality Assurance Foundation Report on new "culture change" programs and looking at areas that recognize this greater independence.

Note: ADSS modified the proposed State Plan on Aging to specifically address the services Alabama nursing homes provide to the state's elderly population and to describe the need for increased space in long-term care facilities.

Received from: Charles S. Rogers
Alabama Silver-Haired Legislature

1. Provide means to educate Alabama seniors on issues affecting their well-being and possible community involvement in the area of homeland security.

2. Urge State Legislators to provide a supplemental appropriation in Fiscal Year 2007 to provide for nutritional meals to the homebound that are placed on waiting lists through the 13 Area Agencies on Aging and their county coverage areas.

3. Urge State Legislators to provide more funds for rural transportation for Alabama seniors.

4. Urge State Legislators to provide more funds to provide for a rapid growth throughout the state of Alabama of the building of Safe Shelters.

Alabama Department of Senior Services
Public Hearing for FY 2007-2010 State Plan on Aging
Monday, June 12, 2006; 10:00 a.m.
State Capitol Auditorium, Montgomery, Alabama

Sign-In Sheet

Name	Agency/Organization	Speaker	Guest
Tina Hartley	ADSS	✓	
Tammy Holman	"		✓
Judy Hollis	SSA		✓
Ron Tanner	ADSS		✓
Rodney Gann	NARCOG / ~~AAA~~		✓
Mike McLendon	ADSS		✓
Julie Miller	~~AAAA~~		✓
Virginia Moore-Bell	ADSS		✓
Tleeia A. Cobb	ADSS		✓
Lee Sanderson	ADSS		✓
Jason Peak	SCATC		✓
Kathleen Healey	~~ADSS~~		✓
Josi Chandler	ADSS		✓
Michael Bridges	ADSS		✓

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Name	Agency/Organization	Speaker	Guest
Steven Garrett	ADSS		✓
Gina Smith	AL Public Radio		✓
BRAD FRANKLIN	ADSS		✓
Judith W. Stanley	ADSS		✓
Russ BLACK	ADSS		✓
Beth Pate	ADSS		✓
DIANNE Hancock	ADSS		✓
Jackie Pinkston	Lee-Russell COG		✓
Helen Cleveland	" "		✓
Bobby	ADSS		✓
Cynthia Leland	ADSS		✓
Adam Davis	ADSS		
Suzanne Bennett	Lee Russell COG		✓
Barry Dean	ADSS		
Marsha Jones	ADSS Staff		✓

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Sign-In Sheet

Name	Agency/Organization	Speaker	Guest
Mary Ann Ostrye	ADSS		✓
Sarah [illegible]	ADSS		✓
Karen H. Taylor	ADSS		✓
Todd Cotton	ADSS		✓
Patti Epps	ADSS		✓
William McVeigh	Jefferson County Office Senior Citizen		—
Anne Coffin	ADSS		✓
Danyuta Flowers	ADSS		✓
Richard Helms	ADSS		✓
Jean Starr	ADSS		✓
Raymond S. Reynolds	The Reynolds Group		✓
[illegible]	ADSS Board		
James R. Brothers	ADSS Board		✓
[illegible]	ADSS	✓	
Nancy Leigh	ADSS		✓

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Sign-In Sheet

Name	Agency/Organization	Speaker	Guest
Glenda Harris	Al. Dept. of Public Health		✓
John McCamell	West Al. Reg. Com. / AAA		✓
Amy Warren	ATRC		✓
Sylvia Allen Bowers	SCADC-AAA		✓
Mary Rey	ADSS		—
Georgia McJenkins	SCADC-AAA		
Cindy Barnett	Governor		—
[illegible]	Gov.		✓
Beasley Goodson	ADSS		
Randy Fair	EARADC		✓
James Conner	NACOLG		✓
Mary Ann Holt	ANHA		✓
Lynn Garcia	LRCOG		✓
Ruth Rambo	AARP	✓	
Miriam Young @ 10:15	ADSS		✓
Del M. Matson	ADSS	✓	

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Sign-In Sheet

Name	Agency/Organization	Speaker	Guest
Gayle Boswell	Central AL Aging Con.		✓
Nancy Robertson	TARCOG		✓
Laurie R. Sanders			✓
E. Jean Patterson	EARPDC		✓
Irene B. Collins	ADSS	✓	

AGING IN ALABAMA

STATE PLAN ON AGING

FISCAL YEARS 2007-2010

Prepared by the
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